CONSENT AND HEALTH INFORMATION FORM FOR ACTIVITIES AND CAMPS



THIS FORM MUST BE COMPLETED AND RETURNED BEFORE THE ACTIVITY

Young Person's Full Name:	Date of Birth:		
	Religion:		
Hanna Address			
Home Address:			
Telephone number :			
Parents/carers names and mobile numbers:			
NAME OF ACTIVITY			
For this activity the emergency contact will be (please specify if different to above)			
Emergency Contact Name:	Relationship:	<u>-</u>	
Emergency Contact Address:	Emergency Contact Address:		
Talanhana Numbar(a)			
Telephone Number(s):			
MEDICAL INFORMATION			
Doctors Name:			
Doctors Address:			
Telephone No (day): Telephone No (night):			
Telephone No (day): Telephone No (night): HEALTH INFORMATION (It is important to complete this as fully as possible)			
* delete as necessary			
		Give details to "YES"	
* delete a Are there any medical or health reasons why he/she should not take		Give details to "YES" answers.	
* delete a Are there any medical or health reasons why he/she should not take part in the activity?	*NO/YES		
* delete a Are there any medical or health reasons why he/she should not take part in the activity? Has he/she been in contact with any infectious illness in the last 6 months?	*NO/YES *NO/YES		
* delete a Are there any medical or health reasons why he/she should not take part in the activity? Has he/she been in contact with any infectious illness in the last 6 months? Does he/she suffer from ASTHMA, HAYFEVER, MIGRAINE, FITS,	*NO/YES		
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