

# Adult Health Information Form



## County Scout Patrol Camping Competition:

Woodhouse Park, Fernhill, Almondsbury 21st – 23th October 2011

**Camp Leader:** Nigel Barnes

**Assistant Leaders:** Malcolm Smith (MIFF)

Name		Name of your Doctor	
Home Address		Address	
Telephone		Telephone	
Date of Birth		Have you been in contact with any infectious diseases with within the last three weeks?	
N H S Number			
Date of last Tetanus injection			
In the event of an emergency please contact		Do you have any allergies to food, medicines, etc?	
Name		Are you currently taking any medicines?	
Address			
Telephone			

If it becomes necessary for me to receive medical treatment, I hereby give my general consent for any necessary medical treatment and authorise the Camp Leaders named above (or the camp medical staff) to sign any document required by the medical authorities.

Signature	Date
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