

## Medical & Contact details for adults (over 18 years)

The information supplied in this form will be used by the leader team to sign on your behalf any papers needed by the medical authorities in case of emergency treatment should you not be in a state to give consent at the time.

The information given on the form will be treated in confidence and will only be supplied to those who need to know for health, safety and wellbeing purposes, and will be destroyed after the event.

**(Please use capitals throughout this form if handwritten)**

Participant Details	
Full name	
Date of birth	
Home address (inc: postcode)	
Telephone/s (inc. work)	
Email	

**I give my general consent to any necessary treatment** in the event of any illness or accident requiring emergency medical or hospital treatment if I am unable to give my specific consent and the delay required to contact my next-of-kin is considered inadvisable by the doctor concerned.

Signed		Date
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Medical information	
NHS no.	
GP Name & address	
GP Telephone	
<b>Allergies</b> Please detail any allergies to food, medicines etc. Please also include severity, trigger points and treatment.	

**Ailments/Disabilities**

Please detail any ailments, medical conditions, disabilities that may affect this event, giving details and remedies (asthma etc.)

**Current Medication****Dietary requirements**

Please list restrictions below only if essential for medical or religious reasons, etc.

Restriction	Reason
N/a	

**Emergency Contact/Next of Kin details**

Name & relationship	
Address with postcode	
Phone	
Mobile	
Email	

Signed		Date
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**NB: This form should be signed and dated on pages 1 and 2**

Form Last Updated	Date
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