

MEGGERNIE ALMOST HAUNTED 30th - 31st October 2010

Personal Details

First Name		Surname	
Unit		Unit Leader	
Address		Date of Birth	
		Phone No.	
Postcode		E Mail	

Medical Details

Doctor's Name _____ Phone No. _____
Address _____
Date of Last Tetanus _____ Nat. Health No. _____
Details of any condition requiring regular medication _____
Details of any current medicines / diets / treatments : _____
(Include dosage details and any non prescribed medicines)
Details of any known allergies or sensitivities : _____
(e.g. penicillin, nuts, eggs, cheese, dog hair etc)
Special Dietary requirements: _____
(e.g. Vegetarian, Gluten Free etc)
Please continue on a separate sheet if required (Include your name on any separate sheet and attach to this form)

Emergency Contact Details during the event

Contact Name _____ Relation _____
Home Phone No _____ Alternative Phone No _____
Address _____

Permission

I understand and accept that some activities are hazardous and that occasionally accidents of varying severity can occur.
I will inform the organisers:

- Should the participant come into contact with any infectious disease within three weeks of this event.
- Of any medicine or diet to be taken during the camp/event and ensure that an extra supply of medication (e.g. inhaler) is brought as appropriate.

I confirm that:

- I have no objection to the information given on this form being held on computer
- I have no objection to photographs of the participant being used for publicity purposes
- The participant **can/cannot** swim (delete as appropriate)
- I **am / am not** happy for the participant to swim or participate in water sports under careful supervision (delete as appropriate)

In the event of any accident / illness requiring hospital treatment I authorise the organisers to sign on my behalf any form of consent required by the hospital authorities and confirm the above details are correct, to the best of my knowledge.
Parent /Guardian signature _____ Relationship to young person _____

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