



MEGGERNIE MIDSUMMER MADNESS

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PERSONAL DETAILS

Please complete in pen using block capitals

A PERSONAL DETAILS

First Name: _____	Surname: _____
Unit: _____	Unit Leader: _____
Address: _____	Date of Birth: _____
_____	☎ Number: _____
Postcode: _____	E-Mail: _____

B 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 (Remember to include your name on any separate sheets and attach them securely to this form)

C EMERGENCY CONTACT DETAILS DURING THE EVENT

Contact Name: _____	Relation: _____
Home ☎ no: _____	Alternative ☎ no: _____
Address: _____	

D 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 the 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 to be correct, to the best of my knowledge.

Parent/ Guardian signature: _____ Relationship to young person: _____