

Health Form for Activities & Events

To be completed by OIC or nominated person

Event Type Activity/Residential

Name of Event

Date

Person Responsible for First Aid at the event

CLCGB Appointed Persons

To be completed by

• Parent/Guardian of members under 16.

• Members aged 16+

• Adult Officers/Leaders/Helpers/Volunteers

NB If any adult would prefer not to disclose confidential information, please supply a fully completed health form in a sealed envelope that will be opened only in the event of an emergency.

Name _____ D.O.B. _____

Address _____

Postcode _____ Phone No _____

GP's Name _____

GP's Address _____

Post Code _____

GP's Tel _____

Medication

The following medication/first aid supplies will be available. Please indicate which may be given/used if required by the participant:

<input type="checkbox"/>	Paracetamol/Aspirin/Ibuprofen	<input type="checkbox"/>	Plasters
<input type="checkbox"/>	Antiseptic Cream	<input type="checkbox"/>	
<input type="checkbox"/>	Constipation/Diahorrea Relief	<input type="checkbox"/>	
<input type="checkbox"/>	Insect repellent/Bite cream/Sun Cream	<input type="checkbox"/>	

Does the participant have any special instructions on the use of the medication or first aid available?

Confidential

Allergies

Does the member have any allergies?

Yes ☐ No ☐

Please give precise details and indicate severity.

Medication (personal)

Is the member currently taking medication or receiving medical treatment?

Yes		No	
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Please give precise details.

Does the member self medicate?

Yes		No	
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Please indicate which medicines are self administered.

Date of last known tetanus injection if known.

Injuries illnesses and disabilities

Does the member have any injuries, illnesses or disabilities relevant to the event/activities?

Yes		No	
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Please give precise details.

Bedwetting

Does the member have any bed wetting issues.

We ask this so support may be available and this will be strictly confidential.

Yes		No	
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Note

All medication needs to be labelled with the members name and required dosages.

All medication is to be signed in to the First Aid Officer.

Please supply spare inhalers and epipens to be held by the First Aider.

Emergency Contact Information

Please give information of at least two people that will be contactable throughout the event.

Name		Name	
Telephone 1		Telephone 1	
Telephone 2		Telephone 2	
Relationship		Relationship	

Consent

I authorise the Leaders and First Aiders present at the event to give permission for my child to receive any emergency treatment including anaesthetic, as considered necessary by the medical authorities.

Parent/Guardians's Name			
Parent/Guardian's Signature		Date	