

Personal Information Form

Name of Event:	Dates of Event:
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Participant's details		
Name:	D.O.B.:	Age:
Address:		
		Postcode:
Tel:	Mobile:	E-mail:

Participant's home contact (parent/guardian or appointed adult) Please fill in details of one of the above, indicating where they can be contacted during the dates of this event		
Name:	Status (mother,uncle etc):	
Address:		
		Postcode:
Tel:	Mobile:	E-mail:

Participant's Doctor		
Name:		
Address:		
Tel:		

Special Dietary Requirements:

Declaration by parent or guardian

I certify that the information given on this form is accurate and there is nothing else that the leaders of this event should be aware of. I also give permission for my child/ward to receive emergency medical treatment if necessary.

Signature _____

Date _____

This form must be completed by the participant or, if he/she is under 18 by the parent/guardian.

It is in your interest to make sure that it is filled in correctly and as fully as possible

Please complete the reverse side of this form

Participant's Medical Details

Weight:	Height:
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Blood Group (if Known):

Vaccinations (i.e. anti-tetanus)	Date

Are you currently receiving any treatment from your Doctor or Hospital? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES please give details below including names and dosage of any medication

List any drugs you are allergic to:

Can you swim? If YES, to what extent?

Are you travel sick?

Are you affected by heights?

Please list here any allergies, medical conditions we should know about (including any major operations you have had in the past)