

Application & Medical Form

(Please complete & email to Anne)

Group

Leader Parent Helper Other (please circle)

Surname.....

First Name.....

Address:

Male or Female (please circle)

Home or Contact Phone No Cell Phone No

Family Doctor (Name & phone #)

In an emergency please contact (Name & phone #)

.....

Medical Details – Do you suffer from any of the following:

Rheumatic Fever	Fainting	Allergy
Cardiac vascular disease	Sleep Walking	Penicillin Allergy
Convulsions/ Epilepsy	Haemophilia	Food Allergy

Other (please state).....

Medication (list any that organisers need to be aware of)

In the case of an emergency, permission is hereby given to the organisers to obtain medical assistance as necessary

Signature.....

Date