



SEC Area 8



Basildon

Adventurer Club

17 Jersey Gardens
Wickford, SS11 7AG

Medical Form

Child's Name _____ Birth Date ___/___/___ Age ___
 Parent's/Guardian's Name(s) _____
 Address _____ City _____
 County _____ Postcode _____ Home Phone _____
 Emergency Phone _____ Church _____
 School _____ Date of Registration ___/___/___

Medical Details:

<input checked="" type="checkbox"/> =YES <input checked="" type="checkbox"/> =NO		
Have you had:	Do you wear:	Please give the date of the last tetanus injection ___/___/___.
Rheumatic fever: <input type="checkbox"/>	Glasses: <input type="checkbox"/>	
Asthma: <input type="checkbox"/>	Contact lenses: <input type="checkbox"/>	If you are currently taking medicine please give the name of the drug and dosage details _____
Fainting spells: <input type="checkbox"/>	Dentures: <input type="checkbox"/>	
Diabetes: <input type="checkbox"/>		
Kidney Disease: <input type="checkbox"/>	Are you allergic to:	Do you have any food allergies? _____
Heart trouble: <input type="checkbox"/>	Penicillin: <input type="checkbox"/>	
Menstrual problems: <input type="checkbox"/>	Anaesthetic: <input type="checkbox"/>	
Hernias: <input type="checkbox"/>		
Travel sickness: <input type="checkbox"/>	Tetanus injection in last 5 years? <input type="checkbox"/>	

Name of GP/Doctor _____ Surgery _____
 Address _____ City _____
 County _____ Postcode _____ GP/Doctor Phone _____
 NHS Number _____

Other Information

If there is anything else that should be considered by the club, relating to the health and/or ability of the above mentioned person, please state clearly below:

Authorisation

This health report is correct as far as I know, and the person described has permission to engage in all prescribed activities, except as noted by me. In the event of an emergency, I hereby give permission to the physician selected by the adult leader in charge to hospitalise or treat including proper anaesthesia, injection, or surgery for the person this form applies to.

 Signature of Parent/Guardian