



Health Declaration Form

Full Name - _____

Sex. Male/Female **D.O.B** - _____

Address - _____

Emergency Contacts

Contact 1: Name: _____ **Number:** _____

Contact 2: Name: _____ **Number:** _____

Family Doctors Name: _____ **Number:** _____

Are there any disabilities or special needs we need to know about?

Are you on any current medication e.g antibiotics etc?

Do you have any on going medical conditions such as asthma or allergies that require medication?

Any special dietary needs?

Any Medication should be handed into the main leader and it will be supplied when needed, if the medication needs to be carried by your son/daughter this must be agreed with the organisers. All information will be kept confidential; we cannot accept responsibility for any information not declared.

I, the Parent/Guardian declare all this information is correct

Print Name: _____ **Signature:** _____