



Health & Activity Information Form

This section to be completed by the Event Leader

Activity Location – Walesby Activity Centre, Nottinghamshire

From 2/9/05 to 2/9/05

Activity Leader – Brent Warren

Assistant Activity Leaders – Malcolm Yates, Nominated Walesby instructors

This section (both pages) is to be completed by the person named below. Please answer the following questions as fully as possible. As in the event of you requiring emergency treatment, it will help the medical authorities in deciding which is the most appropriate treatment to give.

(Please complete in BLOCK CAPITALS)

Surname

Date of Birth

Forenames

National Health Service Number

Next of Kin

Date of last Tetanus injection

Next of Kin Address During the Activity
.....
.....
.....
Telephone

Family Doctors Name and Address
.....
.....
.....
Telephone

If it becomes necessary for me to receive medical treatment and I cannot by any other means to authorise this, I hereby give my general consent to any necessary medical treatment and authorise the Event leader named above (or in their absence one of the assistant Event leaders named above), to sign any document required by the hospital authorities.

I will inform the Event Leader if any of the information given on this form changes before the event takes place.

Name of Delegate

Signature

Date

Home Address

We require this document returning to us before you attend the event. Thank you.

