

UNIT	DISTRICT	COUNTY
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MERSEYMOOT HEALTH FORM

SURNAME	FORENAME
ADDRESS	DATE OF BIRTH
	AGE
POSTCODE	BLOOD GROUP
TELEPHONE NO.	NATIONAL HEALTH NO.

NEXT OF KIN	RELATIONSHIP
ADDRESS	TEL.NO.
TWO FURTHER CONTACTS	
NAME	TEL.NO.
NAME	TEL.NO.

G.P'S NAME	TEL.NO.
ADDRESS	
KNOWN ALLERGIES:	
LAST TETANUS INJECTION:	
INJURIES/ILLNESSES (within the last 5 years)	
CURRENT MEDICATION:	
ANY OTHER INFORMATION:	

SIGNED: _____ (Camper)

If under 18, this part to be signed by parent or guardian. I give permission for my son/daughter to attend this weekend and to participate in all the activities. I am willing to allow the Scouter/Guider in Charge to authorise any emergency medical treatment which may become necessary.

SIGNED: _____ DATE: _____

Parent/Guardian

Dear Parent/Guardian,

PLEASE NOTE THAT PHOTOGRAPHS MAY BE TAKEN DURING THE COURSE OF THE WEEKEND

A FEW SIMPLE GUIDELINES TO HELP YOU TO FILL IN THIS FORM

Please refrain from humorous comments they are neither funny or helpful to us.

Try and give as much relevant information as possible, remember items such as National Health Number, blood group and last Tetanus injections are useful for you to have as well as us.

Any current medication **MUST** be brought with the camper to the MOOT. This includes prophylactic treatment such as inhalers, insulin and migraine tablets.

Finally, please remind the camper that we, the First Aid Team, are on 24 hour call while at the MOOT, for any problems which may arise.

THANK YOU FOR YOUR CO-OPERATION