

Health Information for International Travel



WE DISCOVER, WE GROW

Girlguiding

Part I - to be completed by the event coordinator or first aider

Name of event/activity _____

Country(ies) to be visited _____

Start date _____ End date _____

Person responsible for first aid _____

Part II - to be completed by:

- parents* of participants (including children of volunteers) under the age of 16
- members of The Senior Section aged 16 and over
- adult volunteers (if adults wish to keep their health information confidential they may submit it in a sealed envelope that will be opened only in the case of an emergency).

Participant details

Surname _____ Membership number _____

First name(s) _____

Date of birth _____

Address

Date of last anti-tetanus injection _____

GP's name _____

GP's telephone number _____

GP surgery name or GP's address

Medication

The following medication will be available at the event. Please indicate which may be given to your daughter if required (girls under 16 only).

_____	_____
_____	_____
_____	_____
_____	_____

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General health information

Does the participant have any allergies?

No

Yes (details - severity, EpiPen information etc)

Does the participant have any illnesses or disabilities relevant to this event/activity?

No

Yes (details)

Is the participant currently taking medication?

No

Yes (details including reason for its use)

Does the participant self-medicate?

No

Yes

Medication: Please label young members' medication with their name and provide clear instructions for its use (whether or not she self-medicates, dosage etc).

Inhalers and EpiPens: Ensure a spare, clearly labelled inhaler or EpiPen is brought to event, to be held by first aider.

Is the participant currently receiving medical treatment?

No

Yes (details including hospital)

Is there any further information the event team should have regarding the participant's health and well-being?

No

Yes (details)

Continues on next page ▶

Check with a medical professional which immunisations are necessary for your trip and provide details of when these were/are due to be received (including anti-malaria treatment).

Immunisation:

Date:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Has the participant visited a doctor for any reason at all in the last six months?

No

Yes (details)

I confirm that I am/she is fit to take part in this trip.

Note: Some medical conditions require a doctor's note to confirm fitness to travel. See the guidance notes on the back of this form for further information.

Emergency contacts

Please provide details of a person who will be contactable at all times during the trip.

Please provide details of a person who will be contactable at all times during the event/activity.

Name _____

Name _____

Telephone 1 _____

Telephone 1 _____

Telephone 2 _____

Telephone 2 _____

Email _____

Email _____

Address _____

Address _____

How do they know the participant? _____

How do they know the participant? _____

Consent

I authorise the Leaders and first aiders at this event to give permission for my child to receive any emergency dental, medical or surgical treatment, including anaesthetic, as considered necessary by the medical authorities present.

Parent's signature _____ Date _____

Parent's name _____

Information given is true and correct at the time of signature. Any changes to my/the participant's medical situation will be communicated to the event coordinator and travel insurer.

Participant's signature (if over 16) _____ Date _____

Participant's name _____

* Where the terms 'parent' and 'daughter' are used, they refer to any adult with parental responsibility, and their ward.

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Guidance notes for completing this form

- This form must be completed in order for young members to take part in an international event.
- The form should be completed at the earliest opportunity, before arranging or paying for travel.
- Any changes to the health of the participant between completing this form and the start of the trip must be communicated to the event coordinator and, if appropriate, the travel insurance company.
- Please provide detailed information relating to any illnesses, medication or treatment in case of a medical emergency.
- If the participant's beliefs mean there are some treatments they will not consent to, please ensure these are clearly communicated to the event coordinator, and provide details on this form under 'further information regarding the participant's health and well-being'.

Travel insurance

If using Girlguiding's insurer, Unity, for travel insurance, participants with any of the following medical conditions are required to complete a Medical Health Questionnaire (which is available at www.guidinginsurance.co.uk > Downloads):

- stroke, heart condition or circulatory disorder
- cancer of any type
- mental, nervous, depressive or stress-related condition
- slipped disc, other spinal disorder
- diabetes, hernia, rheumatic or arthritic condition
- any other illness or injury which requires inpatient treatment or investigation.

Please be aware that there may be a charge for obtaining a doctor's certificate.

Insurance claims

In the event of a travel insurance claim arising from a pre-existing medical condition, the insurer will require written evidence from the claimant's doctor confirming the claimant was fit to travel.

Further information is available at www.guidinginsurance.co.uk.