

Health Information



WE DISCOVER, WE GROW

Girlguiding

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

Name of event/activity _____

Start date _____ End date _____

Person responsible for first aid at the event _____

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 attending a girl event** (if adults wish to keep their health information confidential they may carry it in a sealed envelope that will be opened only in the case of an emergency).

NOTE: Over-16s attending a 16+ event are NOT required to complete this form.

Participant details

Surname _____ Membership number _____

First name _____

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 tick to indicate which may be given to your daughter if required (girls under 16 only).

_____	_____
_____	_____
_____	_____
_____	_____

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
name and
address)

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

No

Yes (details)

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Emergency contacts

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

Name _____

Telephone 1 _____

Telephone 2 _____

How do they know the participant? _____

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

Name _____

Telephone 1 _____

Telephone 2 _____

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 _____

Arrangement for return of form

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