

Please give name and dosage of any medications currently being taken:

Please tell us about any allergies, eg medicines, food, bee stings, etc.

Please tell us about any food not eaten for religious or health reasons:

Please provide any other information which you feel might be useful in an emergency, or that the Visit Leader should be aware of: eg heart conditions, asthma, phobias, epilepsy, hyperventilation, diabetes, travel sickness, toileting difficulties, friendship problems etc.

Signature of Parent / Carer:

Date:

Signature of Participant:

Date:

Should there be any amendments to this form after it has been handed in, please contact the Visit Leader immediately

Copies must be carried securely by the Visit Leader or group supervisor