

# Health Form

Please complete 2 copies of this form.  
1 to be handed in to the organisers, 1 to be carried with you.



<b>Name:</b>	<b>Date of Birth:</b>
<b>Home Address</b>	<b>Term-time Address:</b>
<b>Post Code:</b> <b>Telephone:</b>	<b>Post Code:</b> <b>Telephone:</b>
<b>National Health Number</b>	<b>Date of last anti-tetanus:</b>
<b>Doctor's Details:</b> Doctor's Name: Surgery Address:  Post Code: Telephone Number:	<b>Emergency Contact:</b> Name: Address:  Post Code: Telephone Number

**Please Give Details of:**

<b>Any medical condition (e.g. Asthma, diabetes, etc.)</b>	
<b>Any medication being taken at present</b>	<b>Any allergies (especially allergies to medication)</b>
<b>Any other relevant information</b>	

**EMERGENCY TREATMENT**

<input type="checkbox"/> I give my permission for the event organiser (or appointed individual) to sign for emergency treatment deemed necessary by a doctor on my behalf if I am unable to make a decision.
<b>Signed:</b> _____ <b>Date:</b> _____
<p align="center"><b>THIS FORM WILL BE DESTROYED BY SSAGO AFTER 24 MONTHS OF THE EVENT.</b> <i>Inline with SSAGO's Data Protection Policy Document</i></p>