

Health Form

Please complete 2 copies of this form.

1 to be handed in to the organisers, 1 to be carried with you.



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

Please Give Details of:

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

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.	
Signed: _____	Date: _____
THIS FORM WILL BE DESTROYED BY SSAGO AFTER 24 MONTHS OF THE EVENT. <i>Inline with SSAGO's Data Protection Policy Document</i>	