

REGISTRATION / HEALTH FORM
For Holiday Club 2018
St. John The Evangelist Kingston Park

Note: If filling in this form via a browser please save and email to hannah.middleton1@btinternet.com
as the submit button only works with Adobe Acrobat or Adobe pdf reader

Surname

First names

Address

Post Code

Date of birth

In an emergency you should contact
the following person.

Please list an alternative contact

Name

Name

Relationship

Relationship

Address

Address

Post code

Post code

Tel. no daytime

Tel. no daytime

evening

evening

mobile

mobile

Family Doctor name

Date of anti tetanus injection

Address

Hospital consultant if applicable

Reg number

Post code

Telephone number

Does she / he suffer from asthma, chest complaints, wheezing or hayfever, migraine, fits or faints, bad period pains, diabetes, nervous disorders or any other disability ?

YES / NO

If so please give details

Is she / he allergic to anything ?(e.g. antibiotics, food, medication, nuts etc.)

YES / NO

If so please give details

Is she / he receiving any medical treatment at present ?

YES / NO

If yes please give details on sheet below. Please also give details of any pills, medicines etc.

Does she / he administer her / his own medications?

YES / NO

Has she / he had any contact with any infectious illnesses within the last month ?

YES / NO

EMERGENCY PERMISSION

In the event of illness or accident requiring emergency treatment I authorise the group's registered leaders present to sign on my behalf any written form of consent required by the authorities if the delay in obtaining my own signature is considered inadvisable or unnecessary by the doctor(s) concerned

Signed

Parent / Guardian

Date

Signature (On arrival at Holiday Club)

Date _____

Summary of present medical treatment and medication.
(From above)