

# 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)

*Continues on next page* ▶

## 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.