

Pathfinder Broads Cruise - Health Certificate

IMPORTANT To be completed by a PARENT or GUARDIAN and Returned so that our Medical Officer has these details.

Please use BLOCK CAPITALS.

* Please answer **ALL** the questions.

* All information on this form is **ESSENTIAL** and will be treated as CONFIDENTIAL

Name of Member. Email.

Date of Birth. Male/Female Telephone: No.

Address

.....Postcode.

Height (in Feet and Inches). Weight (in Kilograms)

[Please delete as appropriate]

1. Has he/she been ill or in contact with an infectious disease during the last three weeks? NO /YES

2. Is there any reason why he/she should not swim or take part in other sports? NO /YES

3. Does his/her health need any special care? NO /YES

4. Does he/she have any other health problems?
(e.g. allergies, asthma, epilepsy, bed wetting, fainting turns, etc.) NO /YES

5. Is there any reason why he/she should not receive any normal treatments?
(e.g. allergic to antibiotics, objection to conventional medicine, etc.) NO /YES

6. Has he/she suffered any injuries in the last two years? NO /YES

7. Does he/she take any prescribed drugs? NO /YES

If any answer is Yes please give specific details

Date of last tetanus injection, if any. National Health Service (NHS) number.
(If known -from medical card)

Details of usual G.P. (doctor)

NameTelephone No.

Address.

.....Postcode.

Address of parents (or those in loco parentis) for the duration of the venture N.B.. it is vital that contact can be easily made in case of accident or other emergency. Temporary or overseas addresses are not acceptable.

NameTel. No 2ndTel. No.

Address

.....Postcode.

I will let you know if there are any changes to the above information (e.g. A note with the child). Signed.

DECLARATION

In the event of the venture leader being unable to contact me first, I give my consent for my child/ward* to undergo emergency hospital treatment should the need arise, and I authorise the overall venture leader (his nominee) to sign on my behalf

(* Please delete as appropriate)

Signed Date Name (BLOCK CAPITALS)