

# GAPP – PERSONAL DETAILS



Please complete in pen using block capitals or return electronically

## A PERSONAL DETAILS

First Name: _____	Surname: _____
Address: _____ _____	Date of Birth: _____
Postcode: _____	☎ Number: _____
District: _____	E-Mail: _____
	Area: _____

## B MEDICAL DETAILS

Doctor's Name: _____	Phone no: _____
Address: _____	
Date of Last Tetanus: _____	Nat. Health No: _____
Details of any condition requiring regular medication: _____	
Details of any current medicines/diets/treatments: _____ (Include dosage details and any non prescribed medicines)	
Details of any known allergies or sensitivities: _____ (e.g. penicillin, nuts, eggs, cheese, dog hair etc)	
Special Dietary Requirements: _____ (e.g. Vegetarian, Gluten Free, etc)	
<i>Please continue on a separate sheet if required (Remember to include your name on any separate sheets and attach them securely to this form)</i>	

## C EMERGENCY CONTACT DURING THE EVENT

Contact Name: _____	Relation: _____
Home ☎ no: _____	Alternative ☎ no: _____
Address: _____	

## D PERMISSION

I will inform the organisers:

- should I come into contact with any infectious disease within three weeks of the event.
- of any medicine or diet to be taken during the camp/event and ensure that an extra supply of medication (e.g. inhaler) is brought, as appropriate.

I confirm that:

- I have no objection to the information given on this form being held on computer
- I have no objection to photographs of me being used for publicity purposes.

In the event of any accident/illness requiring hospital treatment I authorise the organisers to sign on my behalf any form of consent required by the hospital authorities and confirm the above details to be correct, to the best of my knowledge.

Participant signature: \_\_\_\_\_