**ROCKNATIONS** *– (Insert your church/organisation name here)*

**Health Declaration Form**

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| --- |
| **Full Name (youth)** |
| **Sex** | **DOB** |
| **Address** |
| **Postcode** | **Mobile** |
| **Email** |

**Emergency Contacts***Please provide 2 people we can contact in an emergency*

|  |
| --- |
| **Name** |
| **Phone** | **Relationship** |

|  |
| --- |
| **Name** |
| **Phone** | **Relationship** |

|  |
| --- |
| **Doctor’s Name** |
| **Practice Name** | **Phone** |

Are there any disabilities or additional needs we need to know about? Yes / No

|  |
| --- |
| If yes, give details |

Are you on any current medication (e.g. antibiotics etc.)? Yes / No

|  |
| --- |
| If yes, give details |

Do you have any on going medical conditions such as asthma or allergies that require medication? Yes / No

|  |
| --- |
| If yes, give details |

Do you have any special dietary needs? Yes / No

|  |
| --- |
| If yes, give details |

Any medication should be handed into the main leader and it will be supplied when needed. If the medication needs to be carried by your son/daughter this must be agreed with the organisers.

All information will be kept confidential; we cannot accept responsibility for any information not declared.

**I, the Parent/Guardian declare all this information is correct**

|  |  |
| --- | --- |
| **Print Name** | **Date** |
| **Signature** |