**Medical and Dietary Information (Confidential)**

Surname: First Name(s):

1. Are you:

☐ Male ☐ Female

2. Have you suffered or are you suffering from (please tick boxes as appropriate):
If you tick any of these please give further details below.

| | | | |
|---|---|---|---|
| Asthma/Bronchitis | ☐ | Fear of heights | ☐ |
| Migraine | ☐ | Fear of open spaces | ☐ |
| Eczema | ☐ | Allergies to foods | ☐ |
| Diabetes | ☐ | Allergies to medicines, bee/wasp stings | ☐ |
| Heart Condition | ☐ | Knee/back or joint problems | ☐ |
| Travel Sickness | ☐ | | |
| Fits/Faints/Blackouts | ☐ | | |

If you ticked any of the above please give further details:

3. Are you suffering from any condition or disability NOT listed above which might cause problems during the summer school? ☐ Yes ☐ No

Further details:

4. What is your blood group?

5. Have you received a tetanus vaccination in the last 5 years?

☐ Yes ☐ No

6. Are you receiving medical treatment at present or have you been given specific medical advice to follow in emergencies? ☐ Yes ☐ No

If yes, please give details:

Please give details of any prescribed medicines (for illness or allergies etc.) that you will be bringing with you to the summer school.

**Apart from filling in this form it would be a great help if you could personally inform the staff in charge of each particular field activity if you are have any problems or are carrying prescribed medicines for an illness, allergies to bee stings etc. We will then be aware that you carry them if needed during an emergency.**

7. Any special dietary requirements (i.e. Vegetarian, lactose intolerant etc.)?

8. Please give an emergency contact name and address (do NOT press return):

Emergency contact telephone number (if possible please include a mobile number and include the country code):

Tel: Mobile:

This information is only available to the summer school manager and relevant activity leaders. This sheet is shredded and disposed of as confidential waster after the summer school.