

Dependants

The following person relies on me for daily care and will require someone to care for them:

Name:

Address:

.....

Tel (Home)

Tel (Mobile)

The following child relies upon me to collect them from school:

Name of child:

Name of school:.....

Address:

.....

Tel:

Do you have any pets at home? YES / NO

What type of pet?.....

Signed: Date:

Print name:





POLEGATE RAMBLING CLUB



Personal Details

Surname:

First Name:

Date of Birth:

Sex: *Male / Female*

NHS No.:

Address:

.....

.....

Doctor's Details

GPs Name:

Practice Address:.....

.....

.....

Tel:



Emergency Contact 1

Name:

Relationship:

Address:

.....

Tel (Home):

Tel (Work):

Tel (Mobile):

Emergency Contact 2

Name:

Relationship:

Address:

.....

Tel (Home):

Tel (Work):

Tel (Mobile):



Illness

Detail any illness or drug treatment that might affect emergency treatment

.....

Allergic Reaction to Medication

Detail any allergic reaction to medication you suffer from

.....

Allergies

Detail any allergies you suffer from

.....

Do you take medicine for:

Asthma

Anti Coagulant

Diabetes

Heart Problem

Epilepsy

Other

Please give details or enclose prescription form

.....

Do you have a donor card? YES / NO

Where do you keep it?

