

MERSEY MOOT HEALTH FORM

Dear Parent / Participant,

A few simple guidelines to help you fill in this form

- PLEASE PRINT CLEARLY
- Please complete the form in full giving as much relevant information as possible, as this will help in an emergency. Remember items such as NHS number etc. can save time in the case of an emergency.
- Any current medication **MUST** be brought with the participant to the Moot. This includes prophylactic treatment such as inhalers, insulin and migraine tablets.
- Please remind the participant that the First Aid Team are on 24 hour call in the First Aid Post during the Moot, for any problems which may arise.

Participant's details

Surname	Forename
Address	Date of Birth
Post Code	
Telephone number	NHS number

Unit	District	County
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Known Allergies
Last Tetanus Injection
Injuries/Illness (within last 12 months)
Current medication
Any other information

Emergency contact: - Provide details of a person contactable at all times during the event

Name	Relationship
Telephone number	Mobile

GP's Name	Telephone number
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Signed (Participant)

Consent

I authorise the Leaders and first aiders at this event to give permission for my child to receive any emergency dental, medical or surgical treatment, including anaesthetic, as considered necessary by the medical authorities present.

Parent's signature	Date
Parent's name	

* Where the terms 'parent' and 'child' are used, they refer to any adult with parental responsibility, and their ward.