



# CIVIC ADVENTURE

'Enriching Outdoor Education'

since 1966

## MEDICAL FORM

If you are booking for a group, please ensure that a form is completed for every member of your party, including leaders. Please photocopy this form if necessary. It is very important that all members give a complete picture of any medical conditions which they may suffer from. Asthma, Diabetes, Epilepsy and a number of other complaints are quite common these days and no stigma will be attached to people who have, or are suffering from, them. **All information given will be treated in the strictest confidence. This form must be completed in full, even where it is necessary to put N/A (not applicable).**

GROUP NAME

DATES

OF STAY (from)

(to)

CENTRE (Please tick as appropriate)

PENSARN HARBOUR

BRYN-Y-MOEL

SURNAME

### PERSONAL DETAILS

FIRST  
NAME(S)

ADDRESS

DATE OF  
BIRTH

GENDER

MALE

FEMALE

POST CODE

NHS NO.

DOCTOR'S  
ADDRESS

DOCTOR'S  
NAME

DOCTOR'S  
TEL NO.

### NEXT OF KIN

NAME

RELATIONSHIP

ADDRESS

EMERGENCY  
TEL NO.'s

H

W

M

OTHER

POST CODE

### MEDICAL CONDITIONS/ALLERGIES/SPECIAL DIETS

Have you ever suffered from any of the following:

EPILEPSY

ASTHMA

CARDIAC/RESPIRATORY PROBLEMS

DIABETES

MIGRAINES

OTHER (Please provide details)

If you have answered yes to any of these, or suffer from any other medical condition which you feel we should know about please give details.

Are you currently taking any medication? Yes  No  Please give details.

Please give details of any allergies, including allergies to medications.

Any dietary requirements (ie. Vegetarian / food intolerances)