



Raiders and Squad 2018 Medical Disclosure Form

Surname _____ Forenames _____

Current Address

Home Tel _____ Mob Tel _____

Parent/Guardian 1. _____ Daytime Tel _____

Name/s 2. _____ Daytime Tel _____

GP Name _____

Address _____

Tel _____

My Child has an up to date Tetanus vaccination Y/N _____ Please list any allergies e.g. penicillin, elastoplasts, foods, wasp stings etc. If NONE please state none.

If yes to any allergies, is an EpiPen carried: Y/N _____ If yes to EpiPen, this must be clearly labelled with your child's name and stored in the Galley or on the child's person during the course.

Vegetarian Y/N _____ Special Diet Y/N (please specify details) _____

Other Comments _____

Parent's Signature _____ Date _____

Please print out and complete this form and hand it to the instructor running the session on the first day your child attends.

Please keep this section of the form

“BBSC collects medical information from students undergoing training in order to enable it to manage any health issues that may arise during courses. This information will be stored and destroyed in due course in line with the Clubs Data Protection Guidelines as displayed on the Club website,”

www.boughbeechsc.org.uk 01892 870538 Winkhurst Green Road;
Bough Beech; Edenbridge; Kent TN8 7AN