

# WILD NATURE MEDICAL / CONTACT FORM

Please write clearly in capitals

Name of child/children	m/f	date of birth
.....	.....	.....
.....	.....	.....
.....	.....	.....
<b>Adult contact:</b>		
Name .....		
Relationship to participant .....		
Email .....		
Telephone .....		
Emergency contact no. ....		
Details of doctor		phone no.
<b>MEDICAL INFORMATION (please circle answers as appropriate)</b>		
1. Does your child suffer from any conditions which require medical treatment? <i>If yes please provide details;</i>		YES/NO
2. does your child suffer from any allergies (including medication)? <i>If yes, please provide details;</i>		YES/NO
3. To the best of your knowledge has your child been in contact with any contagious or infectious diseases or suffered from anything in the last 3 months that may become contagious? <i>If yes please give details;</i>		YES/NO
4. Has your child received a Tetanus injection within the last 5 years?		YES/NO
5. Does your child have any special dietary requirements? <i>If yes, please give details;</i>		YES/NO
6. Does your child suffer from any other relevant issue we may need to know about, this may include behavioural/emotional/educational, recent trauma or injury? <i>If yes, please provide details;</i>		YES/NO
<b>DECLARATION</b>		
I agree to the child listed on this form receiving medical treatment including anaesthetic as considered necessary by the medical authority present ( e.g. paramedic).		
Signature: .....		Date .....