



YOU must staple  
Young person's  
Photo Here  
A Selfie will Do

# Skills For Life, Friends For Life Leader Health Form

Troop / Guide / Group Name ..... Association .....

Role at NIJam 2017 Camp (Please Indicate by circling)    Leader    Assistant Leader    Helper

Surname: .....

Forename(s) ..... (As on Passport)

Male /            Date of Birth: .....  
Female

Date of last Tetanus injection : .....

Family Doctor's Name and Address

Emergency Contact Details

.....  
.....  
.....  
.....

Telephone

Telephone

.....

### Any Special Dietary requirements. (please give further details)

- Vegan
- Other Please give details
- Gluten Free
- Vegetarian
- Lactose Intolerant

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**This form to be completed and returned to NIJAM Admin Team by  
17<sup>th</sup> May 2017 at the very latest**



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# Leader Health Form

*The following information is necessary for the safety of all those attending this activity. It is important that all relevant information is provided. This information will be kept confidential and will only be shared with the leader(s) in charge as necessary.*

**Do you have any medical requirements?**  Yes  No

Please give details:

.....  
 .....  
 .....

**Do you have any allergies, additional needs, behavioural needs or cultural needs that might affect this activity?**  Yes  No

Please give details:

.....  
 .....  
 .....

**Do you require any medication? Please ensure this is kept in a safe place not accessible by young people**  Yes  No

Name of medication	Dose	Timing (how often)

Minor ailments and minor injuries may be treatable by the First Aider on site. Verbal consent will be required before any treatment is provided. In the event that treatment cannot be provided due to the nature of the illness or injury, hospital assessment and treatment will be sought.

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If it becomes necessary to receive medical treatment, I hereby give my general consent to any necessary medical treatment and authorise the medical team, to sign any document required by the hospital authorities.

Signature:

Date:

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