## **Mersey Moot Health Form**

- 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

<b>Partici</b>	nant's	details
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Participant's details			
Surname		Forename	
Address		Date of Birth	
Post Code			
Telephone number		NHS number	
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Unit	District		County
Known Allergies			
Last Tetanus Injection			
Injuries/Illness (within last 12 months)			
Current medication			
Any other information			
Emergency contact: - Provide details of	a person contactab	le at all times during	the event
Name		Relationship	
Telephone number		Mobile	
GP's Name		Telephone number	
	1		
Signed (Participant)			
Consent			
I authorise the Leaders and first aiders a medical or surgical treatment, including			
Parent's signature	722372400, 400 3011	Date	
Parent's name			

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