

This information will NOT be kept after the end of the pilgrimage.

DIOCESE OF ARUNDEL AND BRIGHTON ECUMENICAL WALKING PILGRIMAGES
CONFIDENTIAL EMERGENCY / MEDICAL INFORMATION FORM

PLEASE MAKE SURE ALL BOXES ARE COMPLETE

Name:

Date of Birth:

Pilgrim Ref. Number:

Emergency contact: Name:

PLEASE PRINT ALL

Address:

DETAILS CLEARLY

Telephone No.Home:

Mobile:

Doctors Name (please print): _____

Telephone: _____

<u>ARE YOU</u>	<u>NO</u>	<u>YES</u>	<u>DETAILS</u>
Attending or receiving treatment from a Doctor, hospital or clinic? -----			
Taking any medicines? -----			
<u>HAVE YOU</u> Ever been told you have a heart murmur or problem, angina, blood pressure or had a heart attack? -----			
Had a bad reaction to a general or to local anaesthetic? -----			
Had a recent anti tetanus Injection? -----			
<u>DO YOU</u> Have any special dietary needs? -----			
Have fainting attacks, giddiness, Blackouts or epilepsy? -----			
Have diabetes? -----			
Are there any other aspects concerning your health we should be aware of? -----			
Have any allergies that require the Use of an EpiPen? -----			
Are you allergic to any medication? -----			

SIGNED:

DATE:

Signature of parent or guardian (if under 18)