

**DIOCESE OF ARUNDEL & BRIGHTON ECUMENICAL WALKING PILGRIMAGES
CONFIDENTIAL EMERGENCY/INFORMATION FORM**

Name:

Date of Birth:

Pilgrim REF:

In Emergency contact ----- Name:

Address

Telephone No (day)

Telephone No (evening/night)

Telephone No (mobile)

Doctors Name & Telephone No:

			Details
ARE YOU:			
Attending or receiving treatment from a doctor, hospital, clinic or specialist?			
Taking any medicines?			
Allergic to any foods, medicines or materials?			
HAVE YOU:			
Ever been told you have a heart murmur or problem, angina, blood pressure, heart attack?			
Had a bad reaction to a general or local anaesthetic?			
Had a recent anti tetanus injection?			
DO YOU:			
Have any special dietary needs?			
Have fainting attacks, giddiness, blackouts or epilepsy?			
Have diabetes?			
ARE THERE any other aspects concerning your health we should know about?			

Signed by:

Signature of parent or guardian:
(if under 18)

Date :