

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: _____ Name: (print) _____ Date: _____