



DECLARATION OF HEALTH BY PARENTS FOR A PARTICIPANT

Name of Participant (in full)		Form
Date of Birth	Age	NHS medical number
Home Address		
Telephone number		
Name of Parent/Guardian		
Name of Emergency Contact and Telephone Number		
Name, Address and Telephone Number of Doctor		
As far as you know, does your son/daughter have any current illness or health problems?		
Is your son/daughter on a course of prescribed medication?		
Has your son/daughter received medical or Hospital treatment in the last 3 years ?		
Is your son or daughter physically fit enough to participate in arduous activity for prolonged periods?		
<p>Have your son/daughter ever suffered from:</p> <ul style="list-style-type: none"> (a) fits or any form of epilepsy? (b) allergic reactions or hayfever? (c) asthma or any chest disease? (d) rheumatic fever or heart disease? (e) a gastric or duodenal ulcer? (f) colitis or other bowel disorder? (g) dermatitis or eczema? (h) nervous disease or mental illness? 		
Has your son/daughter ever had any other serious illness or disability?		
Please give full details and dates if you have answered 'yes' to any question.		
<i>(continue on separate sheet if necessary)</i>		
I declare that the above answers are, to the best of my belief, true and complete on this date. Should there be any changes in my son/daughters conditions as stated above, I will contact you.		
Signature (parent/guardian):		Date: