

**ANNUAL INFORMATION AND MEDICAL FORM FOR USE IN  
EMERGENCIES  
ON-SITE AND FOR NON-RESIDENTIAL VISITS/ACTIVITIES  
WEST SWINDON AND THE LYDIARDS ECUMENICAL PARTNERSHIP**

**TO BE COMPLETED BY PARENT/CARER FOR ALL YOUNG PEOPLE UNDER THE AGE OF 18  
PART A - YOUNG PERSON DETAILS**

Surname ..... First name(s) .....  
 Date of Birth ..... National Health Number .....  
 Address .....  
 ..... Postcode .....  
 Tel. No ..... Mobile No. ....

**PART B - MEDICAL INFORMATION**

Please indicate if your child suffers from any medical condition, however mild, or is taking medication on a regular basis. Conditions such as asthma, epilepsy, diabetes, heart condition, allergies or physical weakness should be included.

Please give details of any current medical treatment, or medication being taken by your child on a regular and continuing basis.

Date of last tetanus injection

**PART C - FAMILY DOCTOR**

Name .....  
 Address .....  
 ..... Postcode .....  
 Tel No. ....

**PART D - DIETARY REQUIREMENTS**

Please give details of special dietary requirements, food allergies, etc. (e.g. vegetarian, non-dairy food, peanut allergy, etc).

**PART E - EMERGENCY CONTACT (1) Person holding parental responsibility**

Name .....  
 Address .....  
 ..... Postcode .....  
 Tel No. Home ..... Work ..... Mobile .....

**(2) Person other than person holding parental responsibility who could be contacted in case of emergency if person holding parental responsibility not available**

Name .....  
 Address .....  
 ..... Postcode .....  
 Tel No. Home ..... Work ..... Mobile .....

I certify that the information given above is correct at the date of signing and understand that it is my responsibility to inform the Church of any changes. (*Changes must be in writing and sent to*

.....) I understand that this information will be held for contact and use in emergencies.

\*\* Please include an additional sheet if you wish to give us any additional information\*\*

Parent/Carer's signature

Date

Parent/Carer's name (please print)