



# Information: general health

PLEASE RETURN THIS FORM, COMPLETED AND SIGNED, TO THE  
GUIDER-IN-CHARGE AS SOON AS POSSIBLE

PLEASE WRITE IN BLOCK CAPITALS AND INK

NOTE: THIS INFORMATION WILL BE HELD IN CONFIDENCE

Members of the Association aged 16 or over may complete the form themselves: for girls under 16 the form should be completed by the parent or guardian. \*

211th A City of Edinburgh Guide Unit

Surname

First names

Address

Postcode

Date of birth

In an emergency you should contact the following person

Name

Relationship

Address

Postcode

☞ daytime

☞ evening

☞ mobile

Alternative emergency contact

Name

Relationship

Address

Postcode

☞ daytime

☞ evening

☞ mobile

\*Are you/is she receiving any medical treatment at present? \*YES/NO  
If YES<sup>†</sup>, please give details overleaf. Please also give details of any pills, medicines etc.

Does she administer her own medication? \*YES/NO

\*Do you/does she suffer from asthma, chest complaint, wheezing or hay fever, migraine, fits or faints, bad period pains, diabetes, nervous disorders, any other illness or disability? \*YES/NO If YES, please give details.

\*Are you/is she allergic to anything? (Antibiotics, any particular food or medication etc.) \*YES/NO If YES, please give details.

Signed

Parent/guardian \*

Date

Signed

Member (if aged 16 or over)

Date