

Health Information Form



The info form should be kept by the responsible leader in the camp. Please bring this form with you when a participant has to go to the first aid station or when you call the emergency services - if possible. Use BLOCK LETTERS when filling out the form.

The info in this form is confidential and should be shredded or burnt when the camp is over.

First Name: ANAKIN

Surname: SKYWAKER

Home address: DEATHSTAR RD 12

Country: NORWAY Scout group: FIRST ORDER SCOUTS

Date of birth: (YYYY.MM.DD) 2012.01.31

Allergies: FISH, HAY FEVER, DOGS, ASTHMA

Medication used: - if the participant is sent to the hospital, please try to bring the medication. DUORESP SPIROMAX - FOR ASTHMA
ZYRTEC - FOR DOGS AND HAY FEVER

Contact info for next of kind (1): *First name, surname, phone number, relation*
JOE, SKYWALKER, +47 1-800-555, BROTHER

Contact info for next of kind(2): *First name, surname, phone number, relation*
BEN, SOLO, +45 1-800-556, UNCLE

Contact info to a leader at Nordtreff: *First name, surname, phone number*
MANDO, MANDOLORIAN, +47 1-800-755

Other info: *Use the backside of the paper if needed*