

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: _____

Surname: _____

Home address: _____

Country: _____ **Scout group:** _____

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

Allergies: _____

Medication used: - *if the participant is sent to the hospital, please try to bring the medication.*

Contact info for next of kind (1): *First name, surname, phone number, relation*

Contact info for next of kind(2): *First name, surname, phone number, relation*

Contact info to a leader at Nordtreff: *First name, surname, phone number*

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