

CONFIDENTIAL MEDICAL INFORMATION

Young Adult Information

FULL NAME	HOME ADDRESS
PERSONAL MOBILE NUMBER	
DATE OF BIRTH	NHS NUMBER (IF KNOWN)
DIAGNOSIS OF DISABILITY	
NAME & ADDRESS OF NEXT OF KIN <i>(to be contacted ONLY in an emergency)</i>	NAME & ADDRESS OF DOCTOR
<i>NOTE: This person should be capable of dealing with an emergency</i>	
TELEPHONE NUMBER OF NEXT OF KIN	TELEPHONE NUMBER OF DOCTOR

DO YOU SUFFER FROM ANY OF THE FOLLOWING? PLEASE TICK A RELEVANT BOX

Epilepsy	YES	NO
Asthma or bronchitis	YES	NO
Heart condition	YES	NO
Fits, fainting and/or blackouts	YES	NO
Severe headaches	YES	NO
Diabetes	YES	NO
Allergies to any known drugs	YES	NO
Other allergies, e.g. materials, food	YES	NO
Back, knee or other joint problems	YES	NO
Any current injury, e.g. broken bone	YES	NO
Travel sickness	YES	NO
Other illness or disability not included in this list or above	YES	NO

If the answer to any of the questions is YES, please give details (including medication) here. *Attach a further piece of paper if there is insufficient room in the box.*

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Have you received vaccination against tetanus in the last 5 years?	YES	NO
Are you receiving medical or surgical treatment of any kind from either your doctor or a hospital?	YES	NO
Have you been given specific medical advice to follow in emergencies?	YES	NO
Do you have any other condition (e.g. fear of heights or any other phobia, colour blindness, deafness) or medication not covered above?	YES	NO

If the answer to any of the last three questions is YES, please give details here (including dosage of any medicines / tablets).

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Medication

Does your son/daughter take regular medication? Yes No

If yes please give details below

Name of Medication	Reason	Dosage to be given	Times

Do you need regular medication administered whilst at Post 19? Yes No
 If yes we will send you a permission form

Paracetamol/Ibuprofen

We are able to administer paracetamol or ibuprofen as appropriate for a minor medical ailment if you give permission for us to do so. Paracetamol will usually be given, ibuprofen will be used for muscle/joint pain.

Please can you complete the following to give permission. You will be informed at the end of the trip if any medication has been given.

I give permission for paracetamol to be administered Yes No

I give permission for ibuprofen to be administered Yes No

By signing this for I agree to any urgent emergency treatment that may be necessary

If there is a choice I would prefer to go to Royal Surrey County Hospital, Guildford

Or Frimley Park Hospital

SIGNED	DATE
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Relationship to Young Adult	