

Health Information for International Travel

Part I - to be completed by the event coordinator or first aider

Name of event/activity _____

Country(ies) to be visited _____

Start date _____ End date _____

Person responsible for first aid _____

Part II - to be completed by:

- parents* of members under the age of 16
- Senior Section members aged 16 and over
- adult volunteers (if adults wish to keep their health information confidential they may submit it in a sealed envelope that will only be opened in the case of an emergency).

Participant details

Surname _____

First name(s) _____

Date of birth _____

Address

Date of last anti-tetanus injection _____

GP's name _____

GP's telephone number _____

GP surgery name
or GP's address

Medication

The following medication will be available at the event. Please indicate which may be given to your daughter if required (girls under 16 only):

- | | |
|--------------------------------|--------------------------------|
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

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Health information

Does the participant have any allergies?

No Yes, details
(severity, epi-pen
information etc):

Do any illnesses or disabilities affect the participant?

No Yes, details:

Is the participant currently taking medication?

No Yes, details
(including reason
for its use):

Medication: Please label young members' medication with their name and provide clear instructions for its use (whether or not she self-medicates, dosage etc).

Inhalers: Ensure that a spare, clearly labelled inhaler is brought on the trip.

Is the participant currently receiving medical treatment?

No Yes, details:

Is there any further information the event team should know regarding the participant's health and well-being?

No Yes, details:

Check with a medical professional which immunisations are necessary for your trip and provide details (including anti-malaria treatment).

Immunisation:

Date:

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Has the participant visited a doctor for any reason at all in the last six months?

If yes, please provide details:

I confirm that I am/she is fit to take part in this trip.

Note: you may be required to provide a doctor's note confirming fitness to travel.

Emergency contacts

Please provide details of a person who will be contactable at all times during the trip.

Please provide details of an alternative person who will be contactable at all times during the trip.

Name _____

Name _____

Telephone 1 _____

Telephone 1 _____

Telephone 2 _____

Telephone 2 _____

How do they know the participant? _____

How do they know the participant? _____

Consent

I authorise the Leaders and first aiders at this event to give permission for my child to receive any emergency dental, medical or surgical treatment, including anaesthetic, as considered necessary by the medical authorities present.

Parent's signature _____

Date _____

Parent's name _____

Information given is true and correct at the time of signature. Any changes to my/the participant's medical situation will be communicated to the event coordinator and travel insurer.

Participant's signature (if over 16) _____

Date _____

Participant's name _____

* Where the terms 'parent' and 'daughter' are used, they refer to any adult with parental responsibility, and their ward.

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Guidance notes for parents/participants

This form must be completed in order for young members to take part in an international event. It should be completed as near to the departure date as possible, to ensure the information is up to date, and submitted at the start of the event.

Please provide detailed information relating to any illnesses, medication or treatment in case of a medical emergency.

Consent: If your beliefs mean there are some treatments you will not consent to, please ensure these are clearly communicated to the event coordinator and/or first aider, and provide details on this form under 'further information regarding your/your daughter's health and well-being'.

Guidance notes for event coordinators

If you are using Girlguiding UK's insurer, Unity, for your travel insurance, participants with any of the following medical conditions will be required to complete an additional Medical Health Questionnaire, available at www.guideinsurance.co.uk:

- high blood pressure, stroke, heart condition or circulatory disorder
- cancer of any type
- any mental, nervous, depressive or stress-related condition
- a slipped disc, other spinal disorder, diabetes, hernia or rheumatic or arthritic condition
- any other injury or illness requiring inpatient treatment or investigation.