Rossall School CCF
Formed since 1860

MEDICAL FORM & PERSONAL DETAILS

Group Name Rossall School (course number 8751)

First Name (s) ……

Surname ……

Home Address ……

……

……

Home Tel No: …….. Date of birth……

Dietary Requirements (e.g. Vegetarian, Halal Allergies) ……

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Name of Next of Kin & Emergency Contact No ……

……

Doctors Name & Address ……

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Do you have any medical problems which might prevent you from taking part in any activities? (e.g. Asthma, recent operations, Heart conditions, mobility issues) ……

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Are you on any form of medication? (e.g. for Asthma, Epilepsy, Diabetes) ……

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Please note: It is your responsibility to alert your School staff to any medical condition which may affect your participation.