

ANDORRA 2008 Health Form

Please fill this in & return it before the end of March 2008



All information you provide here will be treated as confidential & will only be viewed or used if you were to suffer an injury or illness while taking part in our trip.

Your trip fee **includes** Winter Sports Travel Insurance through Scout Insurance Services.

First Name: _____

Network/Group: _____

Last name: _____

Date of Birth: _____

National Health number:	National Insurance number:	Date of last Tetanus Injection:
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Have you completed an up to date E111 and received the E111 Card?	UK Passport number :
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Family Doctor / Surgery name:	Phone number:
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Any Dietary Requirements, Allergies, Disabilities or Medical Conditions that may be relevant in case of an emergency:
(Please include details of any infectious diseases you may have been in contact with over the past year)

Any Medication or Treatment currently being taken:

Next of Kin / Emergency Contact Name/s:	Relationship to you:
Address:	Postcode:
	Daytime Phone number:
Email:	Mobile Phone number:

Do you have your own Travel Insurance? If so please state provider & Policy Number:	Phone number to call:
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Anything else we should know about you that may be relevant, necessary or helpful to know in case of an emergency:

► Any questions about Scout insurance or any other matters on Scouting call the Scout Information Centre on 0845 300 1818

► Any questions about Andorra 2008 call John E Fry on 01722 780175 or 07720 652509. Maybe email him at john@sarumnetwork.org