

# ADULT – Health Form 2022



ABOUT THIS FORM	
This information is kept confidential within the Scout Association for use in emergencies, when you may not for whatever reason, be able to give us the information.	
<b>Event:</b>	<b>Operation Bald Eagle</b>
<b>Dates:</b>	<b>7th –9th October 2022</b>
<b>Venue:</b>	<b>Rhydd Covert Scout Camp Site</b>

ADULTS DETAILS	
First Names:	
Last Name:	
Date of Birth:	
Home Address:	
Phone:	
Scout Group:	
Scout District:	
Scout County:	

EMERGENCY CONTACT	
Name:	
Address:	
Phone:	
Relationship:	

DOCTOR	
Doctors Name:	
Address:	

HEALTH - OTHER		
Do you currently have any medical conditions, disabilities, allergies or take medication etc.	Yes:	No:
If yes, please give full details on the reverse of this form.		<b>Signed:</b>

This form will be shredded following the OBE 2022 event, in accordance with GDPR



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