

Personal Information		
Surname	First Name/s	Date of Birth
Home Address		Telephone
		Mobile
Passport Nationality	Passport Number	Valid Until
Emergency Contact		
Name		Telephone
Relationship		Mobile
Dietary Requirements		
<input type="checkbox"/> Vegan	<input type="checkbox"/> Strict vegetarian	<input type="checkbox"/> Vegetarian plus fish
	<input type="checkbox"/> Vegetarian only if possible	<input type="checkbox"/> Eats meat as per SDA standards
Legal Information		
<p>This section MUST be signed by the applicant AND countersigned by their parent/guardian if the applicant is under 18 years of age.</p> <p>I agree to _____ attending this event. I have not withheld any information important to the organisers. In case of emergency, I hereby give permission to the doctor/s selected by the Scottish Mission Youth Sponsor to hospitalise, secure proper treatment for, order injection, anaesthesia or surgery for the applicant as necessary.</p>		
Applicant Signature	Guardian Signature	Date

Health Information		
Height (cm)	Weight (kg)	Shoe Size (UK)
GP Name		GP Address
Telephone		
<p>Please answer the following questions by ticking either Yes or No.</p>		
Have you received vaccination against Tetanus in the last 5 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you EVER had any of the following:		
Asthma or bronchitis?	<input type="checkbox"/>	<input type="checkbox"/>
Fits, fainting or blackouts?	<input type="checkbox"/>	<input type="checkbox"/>
Allergies to any known medication, materials, food etc?	<input type="checkbox"/>	<input type="checkbox"/>
Other illness or disability?	<input type="checkbox"/>	<input type="checkbox"/>
Heart condition?	<input type="checkbox"/>	<input type="checkbox"/>
Severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
Travel sickness?	<input type="checkbox"/>	<input type="checkbox"/>
Prescription medication?	<input type="checkbox"/>	<input type="checkbox"/>
Are you receiving any MEDICAL or SURGICAL treatment either from your own GP or a hospital?	<input type="checkbox"/>	<input type="checkbox"/>
Do you suffer from any weakness in the ankles, knees or back?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been given specific advice to follow in emergencies?	<input type="checkbox"/>	<input type="checkbox"/>
If it is considered necessary do you agree to mild painkillers (eg Paracetamol) being administered?	<input type="checkbox"/>	<input type="checkbox"/>
<p>If the answer to ANY of these questions is YES, please give details here, include dosage of any medication.</p>		