

## HEALTH FORM

Please complete this form and return it to us.

Cubs Name:
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Name of Emergency Contact:
Phone No:

Details of any medications currently being taken:
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Details of any disabilities, medical conditions, allergies or special needs:
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Details of any dietary needs: i.e. vegetarian or food allergies
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*If it becomes necessary for my child to receive medical treatment and I cannot be contacted to authorise this, I hereby give my general consent to any necessary medical treatment and authorise the Leader in charge to sign any document required by the hospital authorities.*

Parents/Guardians signature:	Date:
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Please label any tablets or medicines and hand to the Leader in Charge