

Youth Leaders Information Form

Please print off, complete and sign this form. Please return to:

Fiona McEwan, IMPACT Planning Group, 69 Heathfield Road, Whitefield, Manchester, M45 8PX

by **FRIDAY 3rd September 2010**

Full name of youth leader

Date of birth/...../.....

Address

..... Postcode

Telephone Number(s)

The person to contact in case of emergency during this event is:

Name

Relationship to you

Address

.....

Telephone number(s)

National Health Number

Please state date of last anti-tetanus injection (if known)/...../.....

Do you have any dietary requirements? Yes No (Please tick)

(If yes, please give details)

Do you have any allergies Yes No (Please tick)

(If yes, please give details)

Have you been in contact with or suffered from any disease which is or may be contagious or infectious, in the last 4 weeks?

(If yes, please give details) Yes No (Please tick)

Will you be in possession of any medication during the weekend? Yes No (Please tick)

[Ritalin, anti-convulsion medication, Inhalers, paracetamol, anti-histamine etc]

(If yes, please give details)

Please give GP name and details including telephone number:

North Western Baptist Association
Activities Weekend

Quinta Christian Centre
Weston Rhyn, Oswestry

IMPACT YOUTH INITIATIVE
25th—27th September 2009

Do you have a current First Aid qualification?
(If yes, please give details)

Yes

No

(Please tick)

In the event of illness or accident, I authorise the IMPACT Team to act on my behalf

I UNDERTAKE TO INFORM THE IMPACT TEAM SHOULD ANY OF THE ABOVE INFORMATION CHANGE BY THE DATE OF THE EVENT.

Signed **Date**/...../.....