

## FORM OSA3 (2007) (ADULTS)

### Warwickshire County Council - Medical Details

Name of Adult: .....

Date of Birth..... Male ..... Female .....

Home address: .....

..... Tel.No: .....

Visit to: .....

From: ..... (date) To: .....(date)

Name of Education Establishment: .....

Names and telephone numbers of emergency contacts

.....

.....

Name, address and tel. no. of own doctor

.....

.....

Are you allergic to anything? (e.g. aspirin, antibiotics, any particular food or drug? If so, give details)

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Do you suffer from: asthma, chest complaints, hay fever, migraine, fits or faints, bad period pains, travel sickness, diabetes, coeliac disease or any other illness or disability? If so, please give details:

.....

.....

Are you having any medical treatment at present? If so, please give written details of treatment and medicines, etc.

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Date of anti-tetanus injection (if known) .....

Do you have any physical disability? Please give details of any special attention required:  
.....  
.....

Please indicate any special food dietary/requirements where applicable:  
.....  
.....

Are there any activities in which you should not participate? .....

Is there any other information about which the party Leader should be aware?  
.....

Name/Please Print.....

Signature: ..... Date: .....