

Contact Details & Medical Information Form

No: [MRM ID Number – Hambleton Leisure to complete] _____

Please complete the details on this form. It will help us to respond effectively in the unlikely event of any incident involving your child. This information will be held on file and will be shared only with the emergency services. **If the details change, you must inform us immediately so that we can ensure that the data we hold is always up to date.**

Name of Child:	
Date of Birth:	Age:
Child's Address:	Tel No:

Parent / Carer's Name:	
Parent / Carer's Address (if different)	Parent / Carer's Tel No (Home):

Emergency Contact Name:	Emergency Contact Tel No:

Name of Child's Doctor:	Tel No of Child's Doctor:

What Immunisations / Vaccinations has your child had?	
<i>Please indicate individual vaccinations – 'All', 'All Normal' etc. cannot be accepted.</i>	
<input type="checkbox"/> Polio	<input type="checkbox"/> MMR (Combined)
<input type="checkbox"/> Diptheria	<input type="checkbox"/> Measles (Single)
<input type="checkbox"/> Tetanus	<input type="checkbox"/> Mumps (Single)
<input type="checkbox"/> Pertussis	<input type="checkbox"/> Rubella [German Measles] (Single)
<input type="checkbox"/> HiB (DTB HiB)	<input type="checkbox"/> Tuberculosis (BCG)
<input type="checkbox"/> Meningitis C	

Does your child have any allergies, medication or health problems we should know about? Eg Asthma, special diet etc

Do you give permission for medical advice and assistance to be sought for your child in the event of an emergency:

- Yes
 No

Signed: _____

Date: _____

Details Added to

- MRM +2
 POOL IT