UK Operations Medical Form

To be completed by a parent or guardian and handed in to the Expedition Leader on the first day of the expedition

Challenger name:	**Year:**
School name:	**Date of birth:**

In case of an emergency World Challenge should contact:

Name: **Tel.** **Day:**
Evening:

Relationship to Challenger:

N.B. You must provide a contact number for your next of kin in case of an emergency
Address:

Past medical history: (including operations, serious illness, admissions to hospital)

Medication: (including skin preparations, any medications taken from time to time)

Allergies: (including penicillin, asthma, eczema, hayfever)

Dietary and other information: (continue on reverse if necessary)

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