

THE HELPING HERD



Health Declaration

Name:

.....

D.O.B.:

.....

Please identify if you have any of the following conditions, in case of emergency:

Frequent or severe headache	YES / NO
Dizziness or fainting spells	YES / NO
Asthma or lung disease	YES / NO
Heart or vascular problems	YES / NO
High or low blood pressure	YES / NO
Epilepsy or seizures	YES / NO
Diabetes	YES / NO
Stroke	YES / NO
Muscular disorders or joint problems	YES / NO
Chest pains	YES / NO
Back complaint	YES / NO
Lower limb or joint problems	YES / NO

If you have answered yes to any of the above please give further details:

.....

Please give information of any medication you take regularly:

.....

Do you have any known allergies or carry an epipen?

contact@thehelpingherd.co.uk

0779 1228 014

0782 5771 081

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Emergency Contact Details

Name:

.....

Contact Number:

.....

I declare that the details I have given are to the best of my knowledge correct and that I am not aware of any reason I should not participate in any of the activities on offer.

Signed:.....

.....

Date:

.....

contact@thehelpingherd.co.uk

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