



<p>Have you ever suffered any <b><i>adverse reaction</i></b> to any medication or medical treatment?</p>	
<p>Please detail any <b><i>injuries</i></b> that you have suffered that are causing you any problems, or could cause you problems during the Expedition.</p>	
<p>Are you currently / or at the time of the Expedition going to be <b><i>on any medication?</i></b> Please detail the medication, dosage, frequency, incompatibilities with other medications / foods etc.</p>	
<p>Please detail any <b><i>other conditions</i></b> not covered above that you feel the Expedition organisers should be aware of.</p>	
<p>If there is anything that you are unsure of, would like to discuss etc? Please ask now !</p>	
<p><b><i>Person completing this form</i></b></p>	Name:
	Phone No:
	Address:

***Signature:***

***Date:***

***Full Name (Printed please):***

***Capacity: The named person, Parent, Guardian.***