



Health form for international travel

If your unit is heading on a trip abroad, everyone going - including young members, young leaders and adult members - needs to fill out this form before you set off. It gives you the chance to note down information about your health, so we can make sure you're well taken care of on the trip.

- Please return this form to name by date .

Section 1 - to be completed by the leader

| | |
|--------------------------------------|-----------------------|
| Name of event/activity: | |
| Name of leader in charge: | |
| Country/countries to be visited: | |
| Date of departure: | Date of return: |
| Country travelling from: | Country returning to: |
| Person(s) responsible for first aid: | |

Section 2 - everyone going on the trip to complete

2a) General information - tick one

| | |
|--------------------------|---|
| <input type="checkbox"/> | I'm the parent/carer of a member under the age of 16 (parent/carer means the adult who has legal responsibility for the child). You should complete this form on their behalf. |
| <input type="checkbox"/> | I'm aged 16+. If you're over 16 you can complete this form yourself. However, we'd encourage you to complete this form with your parent/carer's guidance. |
| <input type="checkbox"/> | I'm an adult member (18+). If you want to keep your health form confidential, put it in a sealed envelope and hand it to your first aider to carry for the duration of the trip. The first aider will only open it if there's an emergency. If it isn't used your first aider will return it to you sealed. However, we recommend that you talk to your first aider about what an emergency may look like for you (if applicable) so they can include this in their planning before the trip. |

Participant details - please fill in this section as fully as possible

| | |
|--|--|
| Surname: | First name: |
| Preferred name: | Date of birth (DD/MM/YYYY): |
| Address: | |
| Country of residence: | Post/zip code: |
| Phone number (including country code): | |
| Email address: | |
| Your GP's name, address and contact number (including country code): | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you have your own individual travel insurance policy? * |

* Note: Please discuss insurance with the leader in charge before buying any policies as they may arrange a group insurance policy.

Emergency contact details

Please give details of two people who will always be contactable during the event/activity. This must not be anyone on the trip/event.

Emergency contact one

Emergency contact two

| | |
|-----------------------|-----------------------|
| Full name: | Full name: |
| Telephone 1: | Telephone 1: |
| Telephone 2: | Telephone 2: |
| Address: | Address: |
| How do they know you? | How do they know you? |

Note: It's best to choose two people who don't live together to maximise the chance of getting hold of someone immediately.

2b) Participant health information and history

Please fill out this section as fully as possible with information about your current medical treatments, allergies and any other helpful information. All information will be treated with the strictest confidence.

| | |
|--|---|
| Question 2b (i) <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you previously completed an adjustment plan and/or a wellbeing action plan ? If yes, speak to your leader in charge to review your existing plan and update where needed. If no, and you think you'll need one, speak to the leader in charge for advice. |
| Question 2b (ii) <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you have any illnesses, disabilities or any pre-existing medical conditions* (e.g. developmental, injury, physical, medical, mental health, progressive etc.) that may affect you while you're taking part in this event/activity. If yes, please give details below (for example, the name of your condition, how it affects you, triggers and medication details). Please use the additional information sheet if necessary. |
| Question 2b (iii) <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you currently receiving any medical treatment? If yes, please give details below, including your hospital's name and address if applicable. |

* **Pre-existing medical conditions:** If you become unwell on the trip due to a pre-existing medical condition, there's a chance the group insurance policy could be invalid if you haven't shared all the key information about your condition with the insurer. If your condition changes before the trip, you must tell the leader in charge so they can update the insurer.

Note: People with some medical conditions will need a doctor's note to confirm their fitness to travel.

2c) Allergies and dietary requirements

| | |
|---|---|
| Question 2c (i) <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you have any allergies or sensitivities (for example, to medicines or foods)? If yes, please give details below, including how severely you tend to react. |
| Question 2c (ii) <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you have any special dietary requirements? If yes, please give details below |

2d) Medications

Please check the regulations around your medications for all the countries you'll be visiting during your trip (including countries you'll just pass through while travelling). Some medications may be restricted or banned in other countries. If you're unsure, speak to a medical professional for advice.

| | |
|--|---|
| <p>Question 2d (i) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>Are you currently taking any prescription medication (including adrenaline auto-injectors for example EpiPen, asthma inhaler etc)? If yes, please share how this usually given and handled below. Use the additional information sheet if you need more space.</p> |
| <p>Question 2d (ii) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>Are you currently taking any non-prescription medication (for example pain killers, eye drops, homeopathic remedies, sleeping aids etc)? If yes, please give more details using the additional information sheet.</p> |

Note: Please label all medication with your name and clear instructions on how to use it. Tell the leader in charge or first aider if you need to carry your own medication (an inhaler, for example).

Inhalers, adrenaline auto-injectors and hypoglycaemia treatment: Make sure you label all spares clearly and give them to the first aider. It's your responsibility to make sure they haven't expired.

The medications below (to be completed by the first aider) will be available at the event. Please tick which medications you can take if needed. Speak to the first aider or leader in charge if you have any questions about these medications.

| Question 2d (III) | Brand and name of medication | | Brand and name of medication |
|--|------------------------------|--|------------------------------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

2e) Consent

| | | |
|--|--|-------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | I give permission to the first aider in charge to give appropriate first aid and administer the medication and remedies listed above if necessary. | |
| | Name: | Date: |
| | Signature: | |

Is there anything the leadership team can do or provide to make sure that you can get the most out of this opportunity? Let the trip leaders know if so.

2f) Immunisations and other travel medications

Check with a medical professional (your GP, for example) and speak to the leader in charge for guidance on which immunisations and travel medications (e.g. anti-malarials) you need for your trip. Please use the table below to share details of when you received them or are due to receive them. If you need more space, please use the additional information sheet.

| | Immunisation/ medication | Name/brand* | Doses* | Dates administered (DD/MM/YYYY) | Booster* |
|--|-----------------------------|-------------|--------|------------------------------------|----------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Tetanus | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |

*if applicable

Section 3 - Consent and declaration

3a) For participants under 16, to be completed by their parent/carer

| | |
|---|-------|
| <input type="checkbox"/> I consent to this participant having any emergency medical, surgical or dental treatment, including anaesthetic, medical professionals consider necessary if they're involved in an accident on the trip. I understand that the leadership team would make every effort to contact me by phone or any other practical means before treatment went ahead. | |
| <input type="checkbox"/> I confirm that the information given here is true and correct. I will tell the leader in charge and the travel insurer if there are any changes to this participant's medical situation before the trip takes place. I understand that if any information I've given is found to be inaccurate, it may stop the participant going on the trip. | |
| Name: | Date: |
| Relationship to participant: | |
| Signature: | |

3b) To be completed by participants aged 16+

| | |
|--|-------|
| <input type="checkbox"/> I consent to having any emergency medical, surgical or dental treatment, including anaesthetic, medical professionals consider necessary if I'm involved in an accident on the trip. | |
| <input type="checkbox"/> I confirm that the information given here is true and correct. I will tell the leader in charge and the travel insurer if there are any changes to my medical situation before the trip takes place. I understand that if any information I've given is found to be inaccurate, it may stop me going on the trip. | |
| Name: | Date: |
| Signature: | |

If you have any more questions, please contact a member of the leadership team.

What will you do with my data?

It's simple. We need the information you share with us to run our exciting activities and to satisfy our legal responsibilities. We'll keep it safe for as long as we hold your child's information.

We promise we'll only share your information if:

- you ask us to
- the law requires us
- in order to comply with our policies so your child can enjoy an activity safely
- it's in the public interest

Don't worry - we'll never sell your data or share it for any other reason.

Girlguiding is the registered data controller* for all our members' personal information, both in the UK and around the world.

Want to find out more about how we use your information - and your rights?

Visit www.girlguiding.org.uk/privacy-notice/

* The organisation that manages and looks after your data

Girlguiding, 17-19 Buckingham Palace Road, London SW1W 0PT
Registered charity number 306016. Incorporated by Royal Charter.