Kingswood
Inspiring Learning

Medical & Dietary form

Participant's Details

This form is required for all participants and all sections must be completed

Participants Full Name: DOB:

Address:

Postcode

Emergency Contact name: Relationship:

Emergency contact Telephone:

GP Name & Address:

GP Daytime Telephone:

Medical Information: Details of any special medical conditions and medication.

Dietary Information: Details of any dietary requirements/allergies.

☐Nut allergy ☐Diabetic

☐Vegan ☐Dairy allergy

☐Vegetarian ☐Lactose intolerant

☐Gluten free ☐Kosher

☐Halal ☐Other (please specify)

If any of the above are ticked please state details below: