

# Health Information for International Travel



## Part I - to be completed by the event coordinator or first aider

Name of event/activity Girlguiding Midlands - ICE 2020 - International Community Experience

Country(ies) to be visited England (Birmingham & Solihull) and Northern Ireland (Belfast) - see flyer for detail

Start date June 2019 - Kick Off End date April 2020 - Overseas Week & Finale

Person responsible for first aid TBC for each stage - Teresa Ellis/Rachel McMaster as initial contacts

## Part II - to be completed by:

- parents\* of members under the age of 16
- members of The Senior Section aged 16 and over
- adult volunteers (if adults wish to keep their health information confidential they may carry it in a sealed envelope that will be opened only in the case of an emergency).

## Participant details

Surname \_\_\_\_\_ Membership number \_\_\_\_\_

First name \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_

Date of last anti-tetanus injection \_\_\_\_\_

GP's name \_\_\_\_\_

GP's telephone number \_\_\_\_\_

GP surgery name or GP's address \_\_\_\_\_

## Medication

The following medication will be available at the event. Please tick to indicate which may be given to your daughter if required (girls under 16 only).

<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____

## Health information

Does the participant have any allergies?

No

Yes (details - severity, EpiPen information etc)

Do any pre-existing medical conditions or disabilities affect the participant?

No

Yes (details)

Is the participant currently taking medication?

No

Yes (details including reason for its use)

Does the participant self-medicate?

No

Yes

**Medication:** Please label young members' medication with their name and provide clear instructions for its use (whether or not she self-medicates, dosage etc).

**Inhalers and EpiPens:** Ensure a spare, clearly labelled inhaler or EpiPen is brought to event, to be held by first aider.

Is the participant currently receiving medical treatment?

No

Yes (details including hospital name and address)

Is there any further information the event team should have regarding the participant's health and well-being?

No

Yes (details)

*Continues on next page* ▶

## Health information (continued)

Check with a medical professional which immunisations are necessary for your trip and provide details of when these were/are due to be received (including anti-malaria treatment)

Immunisation:

Date:

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Has the participant visited a doctor for any reason at all in the last six months?

- No
- Yes (details - severity, EpiPen information etc)

**Note:** Some medical conditions require a doctors note to confirm fitness to travel. See the guidance notes at the end of this form for futher information.

I confirm that \_\_\_\_\_ is fit to take part in this trip.

## Emergency contacts

Please provide details of a person who will be contactable at all times during the event/activity.

Name \_\_\_\_\_

Telephone 1 \_\_\_\_\_

Telephone 2 \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

How do they know the participant? \_\_\_\_\_

Please provide details of a person who will be contactable at all times during the event/activity.

Name \_\_\_\_\_

Telephone 1 \_\_\_\_\_

Telephone 2 \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

How do they know the participant? \_\_\_\_\_

## Consent

I authorise the leaders and first aiders at this event to give permission for my child to receive any emergency dental, medical or surgical treatment, including anaesthetic, as considered necessary by the medical authorities present.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's name \_\_\_\_\_

Information given is true and correct at the time of signature. Any changes to \_\_\_\_\_'s medical situation will be communicated to the event coordinator and travel insurer.

Participant's signature (if over 16) \_\_\_\_\_ Date \_\_\_\_\_

Participant's name \_\_\_\_\_

## Guidance notes for completing this form

This form must be completed in order for young members to take part in an international event.

- The form should be completed at the earliest opportunity, before arranging or paying for travel.
- Any changes to the health of the participant between completing this form and the start of the trip must be communicated to the Event Coordinator and, if appropriate, the travel insurance company.
- Please provide detailed information relating to any illnesses, medication or treatment in case of a medical emergency.
- If the participant's beliefs mean there are some treatments they will not consent to, please ensure these are clearly communicated to the Event Coordinator, and provide details on this form under 'further information regarding the participant's health and well-being'.

## Travel insurance

If using Girlguiding's insurer, Unity, for travel insurance, participants with any of the following medical conditions are required to complete a Medical Health Questionnaire (which is available at [guidinginsurance.co.uk/pdfs/travel\\_medical\\_questionnaire.pdf](http://guidinginsurance.co.uk/pdfs/travel_medical_questionnaire.pdf)):

- stroke, heart condition or circulatory disorder
- cancer of any type
- mental, nervous, depressive or stress-related condition
- slipped disc, other spinal disorder
- diabetes, hernia, rheumatic or arthritic condition
- any other illness or injury which requires inpatient treatment or investigation

Please be aware that there may be a charge for obtaining a doctor's certificate.

## Insurance claims

In the event of a travel insurance claim arising from a pre-existing medical condition, the insurer will require written evidence from the claimant's doctor confirming the claimant was fit to travel.

Further information is available at [guidinginsurance.co.uk](http://guidinginsurance.co.uk)

## 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 your daughter is an active member.

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 daughter can enjoy an activity safely
- we carry out market research
- 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 [girlguiding.org.uk/privacy-policy](http://girlguiding.org.uk/privacy-policy)

\* The organisation that manages and looks after your data