



# Adult Information Form

This form is **designed to be filled in on screen** and printed out or it can be printed first and completed by hand. Please hand it in at event centre when you arrive at the event.

**This form has been devised for your safety while helping at Apex Challenge events. Having this information available will enable us to be better prepared should you be injured or taken ill during the competition.**

The **2017 Apex Challenge** takes place from **6-8 October 2017**. It is being held on the **Burbage and Houndkirk Moors** in the **Peak District**. The event centre area is at Whitelow Farm, off the A625 Sheffield to Calver Road at OS grid reference **SK 293815**. The event opens at **6pm** on Friday 6 October and will finish by **3.30pm** on Sunday 8 October.

## PERSONAL DETAILS

Name:	<input type="text"/>	Date of birth:	<input type="text"/>
Home address:	<input type="text"/>	Mobile number during event:	<input type="text"/>
		NHS number:	<input type="text"/>
		Unit name:	<input type="text"/>

## EMERGENCY CONTACT DETAILS

**During the Apex Challenge please contact in case of emergency:**

Name of first contact:	<input type="text"/>	Name of second contact:	<input type="text"/>
Relationship:	<input type="text"/>	Relationship:	<input type="text"/>
Telephone(s):	<input type="text"/>	Telephone(s):	<input type="text"/>

## MEDICAL INFORMATION

**This section relates to any relevant medical history and your current situation:**

Doctor's name:	<input type="text"/>	Tel: (inc. code)	<input type="text"/>
Doctor's address:	<input type="text"/>		
Infectious conditions the person has been in contact with in the 21 days before the Apex Challenge:	<input type="text"/>		
Details of medication required during event:	<input type="text"/>		
Known allergies:	<input type="text"/>		
Date of last anti-tetanus injection:	<input type="text"/>		
Do you suffer from asthma? (Enter YES/NO)	<input type="text"/>		
Do you have an injury which prevents you from taking part in physical activity? (Enter YES/NO)	<input type="text"/>		
Please detail any recent injuries which may affect your physical ability or which may recur.	<input type="text"/>		

## DECLARATION

This is to certify that, to the best of my knowledge, the information on this form is correct, complete and up-to-date.

Signed:	<input type="text"/>	Date:	<input type="text"/>
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