



## WELFARE NOTES

The welfare notes must be available at every Phab meeting/event/outing and are strictly confidential — held by the Club Leader only

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Doctors Name: \_\_\_\_\_ Doctors Telephone No: \_\_\_\_\_

Next of Kin (Relationship)/Emergency Contact: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone No: \_\_\_\_\_

Medication: \_\_\_\_\_

Allergies (if known): \_\_\_\_\_

Any relevant medical history (e.g. pacemaker, asthma, epilepsy, diabetes etc ): \_\_\_\_\_

\_\_\_\_\_

Intimate care needs: \_\_\_\_\_

Dietary requirements: \_\_\_\_\_

A FURTHER - MORE DETAILED FORM WILL BE REQUIRED FOR ANY RESIDENTIALS.

It is the responsibility of the member/parent/guardian to ensure any change of circumstances/ medication are recorded on this form.

Signed by the Member or Parent/Guardian if under 18: \_\_\_\_\_

Print Name: \_\_\_\_\_

Completion Date: \_\_\_\_\_