

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: _____

Covid-19 Vaccination information. Vaccinated (Yes/No): Number of Vaccinations: _____

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: _____