

**KELSTON CLUB & STUDY CENTRE**  
159 Nightingale Lane, Wandsworth, London SW12 8NQ  
Tel. 020 8673 2242

**CONFIDENTIAL MEDICAL INFORMATION**

**NAME OF MEMBER:**

**DATE OF BIRTH :**

Has your child ever suffered or is he suffering from any of the following?

Asthma & bronchitis	Yes/No
Heart condition	Yes/No
Fits, fainting or blackouts	Yes/No
Severe headaches or migraine	Yes/No
Anxiety or depressive tendencies	Yes/No
Diabetes (sugar tolerance abnormalities)	Yes/No
Allergies to any known drugs/medication	Yes/No
Any Other allergies e.g. material, food, medicine	Yes/No
Other illness or disability not named herein	
Yes/No	
Travel sickness	Yes/No

If Yes, please give fuller details if helpful to us:

Is your child currently vaccinated against **TETANUS** ? Yes / No

Please outline any specific **DIETARY** requirements for your child :

Please give your doctor's name and telephone number :

Is your child now receiving medical treatment from your family doctor or hospital and/or has he been given specific advice to follow in emergencies? Yes / No  
(If Yes please supply a doctor's letter confirming the treatment.)

**DECLARATION :**

I agree to my son receiving medical treatment including anaesthetic as considered necessary by medical authorities present. I also agree to my son receiving basic First Aid by members of staff present.

Signature: \_\_\_\_\_ (parent/guardian)

Should any changes occur to the above, please inform us to keep our records up-to-date while in membership.

**PLEASE NOTE** In accordance with the Data Protection Act 1998, Kelston only keeps member details for health and safety needs while with us, and for maintaining records of membership and support for the club. This information will be used solely for these purposes.