



Phone Mobile
Postcode
Address
Full name

PERSONAL DETAILS FOR EMERGENCY USE

EMERGENCY CARD

CONTACT IN CASE OF EMERGENCY

Name
Relationship
Address
Postcode
Phone Mobile

Name of doctor
Address
Postcode
Phone

Any condition or disability to be noted
(eg diabetes, epilepsy, asthma or allergies)

Details of current medical treatment/regular medication

Details of anti-tetanus injection / /

Date of birth / /



Girlguiding UK
girls in the lead

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