

**MEDICAL INFORMATION – TO BE USED IN CASE OF EMERGENCY**

The following information will be treated as confidential and will be filed in accordance with UK privacy laws. It will be destroyed at the end of your stay at the Harlow Campus. If you become ill or are involved in an accident which requires you to be hospitalised, this information may be given to the medical team responsible for your treatment.

NAME:..... ROOM NO: .....

**MEDICAL HISTORY**

**Please indicate by circling if you suffer from any of the following:**

Epilepsy          Diabetes          Heart problems  
Respiratory problems/Asthma          Blood Pressure high/low

**Any other medical condition, please list.....**

**Are you allergic to any medication? Please state:.....**

.....

**Please identify any long-term medication you are currently taking:**

.....

.....

**Please identify any allergies/food intolerances you have:**

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.....

**NEXT OF KIN / EMERGENCY CONTACT**

**Name:**

**Contact number:**

I hereby authorise the General Manager or representative to pass this information to a doctor if so requested.

Signed..... Date.....