



**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.....
(Space is available on the back if required)

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:

.....

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.....