

This form is available to allow establishments or Excursion Leaders to have to hand any essential medical information which may become useful during an emergency. There is no intention to invade the privacy of Excursion leaders nor to make this information available to anyone other than a Medical Practitioner in the event of an emergency.

The following is a POLICY statement and must be adhered to -

**“The Leader Emergency Information form EX D3 must be in use whenever an excursion is out of establishment hours, is remote, is defined as a hazardous activity or when off-Orkney.”**

**EDUCATION & LEISURE SERVICES**  
**EXCURSION LEADERS**

Party leaders facing an emergency or life threatening injury involving a member of the excursion leader team always should have essential information available. This may be valuable if invasive or life saving treatments are needed after a serious accident.

**1 Name:** \_\_\_\_\_ **Date of this information** \_\_\_\_\_

**2 My nearest and next of kin are –**

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Home No** \_\_\_\_\_

**Work no** \_\_\_\_\_ **Mobile No** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Home No** \_\_\_\_\_

**Work no** \_\_\_\_\_ **Mobile No** \_\_\_\_\_

**Should emergency medical treatment be required during my time away and the above named are NOT contactable, I authorise another party leader, to give whatever authority might be necessary for medical or surgical treatment, including anaesthetic, to be undertaken.**

**Leader Sign HERE** \_\_\_\_\_

**3 My general Practitioner is:**

**Name:**

**Practice name:**

**Telephone number:**

**4 I am allergic to the following medication:**

**Checked by:**

**Date** \_\_\_\_\_

**5 I have received a Tetanus injection during the last five years **Yes**  **No****

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