

KINGDOM INVASION



117-120 Wolverhampton Street, Dudley, DY1 3AL
01384 239 943 | info@revivalfires.org.uk
www.revivalfires.org.uk
Registered Charity Number 1072369

HEALTH DECLARATION FORM

All applicants are asked to complete this form and return to Sharon Baker. Thank you

Your Name: _____

Address: _____

Telephone Number: _____ Email Address: _____

GP's Name: _____

GP's Address: _____

GP's Telephone Number: _____

Name of Next of Kin: _____

Address: _____

Telephone Number: _____

Do you have any of the following Allergies? Please circle and state:

Food: _____

How serious are these?

Medicine: _____

Bee Stings/Insect Bites: . _____

Do you need to carry an Epi-pen? Yes No *(Please circle)*

Any other Allergies? _____

What is your Blood Group? _____

Do you have any health conditions?

Please declare below (Include conditions such as blood pressure, diabetes, heart conditions, asthma, eczema, depression or mental health issues, and any other conditions):

If you are taking medications?

Please list them below (please include all tablets and inhalers):

Do you have any mobility problems, such as difficulty with walking, going up steps, getting breathless when walking?

If so, please state the problems:

For any pre-existing health conditions, you will need to get permission from your own doctor to travel. You will also need to make an appointment at least 6 weeks before travel, with a practice nurse or at the Travel Clinic at your local doctors surgery, to ensure that you receive all necessary vaccinations and advice to travel to the country of travel, eg The North East of India.

You will also need to buy your own Travel Insurance for this trip, and send a copy of the travel insurance policy to the church office. These must be in place before you can travel.

Revival Fires will not be liable for any accidents, health problems that may occur during the trip. Each member of the trip is personally responsible to have their own travel insurance and take full personal responsibility in the case of any unforeseen problems, accidents or personal loss of possessions.

I (Please print your name): _____

Declare that I have disclosed all health conditions, will consult my GP and attend a Travel Clinic/Practice Nurse to receive all the vaccinations that are needed. I agree that Revival Fires will not accept liability for any accidents, illnesses or personal losses that may occur during the trip. I agree to find my own Insurance Travel Cover for this trip, and a copy of the insurance cover is attached.

Signed: _____ **Date:** _____

Revival Fires takes your privacy seriously, we will only use your personal information for the products and services you have requested. We store our data securely in iKnow Church Software. We will not pass on or sell your details and we promise to keep your details safe and secure.

From time to time we would like to contact you with details of other events or updates we provide. If you consent to us contacting you for this purpose please tick to say how you would like us to contact you:

Email Post Telephone Text message You can change your mind at any time by emailing info@revivalfires.org.uk.
For further details on how your data is used and stored visit www.revivalfires.org.uk/privacy