

Health Profile

Name and address of doctor

Telephone number of doctor

Next of kin Name Address Relationship

_____ Contact Number _____

Physical abilities

Things to avoid

Fears and phobias

Does holiday maker suffer from a medical condition I.e. Heart condition, Epilepsy, Diabetes. Old or recent injuries, back problems, mobility problems.

Yes: risk assessment to be completed for each condition

No: continue to medication administration record