

All information supplied is covered by our Data Protection Policy which can be viewed at  
<http://www.lauristonfarm.co.uk/setting-up-a-placement.html>

## Co-Worker Medical Information Form

### About you

If you have an accident or feel unwell and we have to speak to a paramedic or doctor we need the following information about you:

Surname: \_\_\_\_\_

Forename: \_\_\_\_\_

Chosen name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address:

Post Code: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Mobile number: \_\_\_\_\_

Email address: \_\_\_\_\_

## About the Medical Practice you use:

Name of your Doctor: \_\_\_\_\_

Address of Medical Practice:

Medical Practice Telephone Number: \_\_\_\_\_

## Medical Conditions, Medicines & Allergies

Please give information about any Medical Condition(s) you have:

Please give details of any Medicines you are taking  
(keep updated):

Please tell us about any allergies you have, such as allergies  
to food, pollen, materials or medicine:

Do you have an up to date tetanus jab?

Do you have epilepsy or other forms of seizures?

## Emergency contacts

Please give details of three people who can be contacted in an Emergency, in order of priority:

Name of contact one: \_\_\_\_\_

Home address of contact:

Mobile number of contact: \_\_\_\_\_

Home phone number of contact: \_\_\_\_\_

Home email address of contact: \_\_\_\_\_

Work address of contact:

Work phone number of contact: \_\_\_\_\_

Work email address of contact: \_\_\_\_\_

## Emergency contacts continued

Name of contact two: \_\_\_\_\_

Home address of contact:

Mobile number of contact: \_\_\_\_\_

Home phone number of contact: \_\_\_\_\_

Home email address of contact: \_\_\_\_\_

Work address of contact:

Work phone number of contact: \_\_\_\_\_

Work email address of contact: \_\_\_\_\_

## Emergency contacts continued

Name of contact three: \_\_\_\_\_

Home address of contact:

Mobile number of contact: \_\_\_\_\_

Home phone number of contact: \_\_\_\_\_

Home email address of contact: \_\_\_\_\_

Work address of contact:

Work phone number of contact: \_\_\_\_\_

Work email address of contact: \_\_\_\_\_

**Please bring this form with you when you first visit the farm  
or on your taster day**