



**KAIROS INSIDE
SPECIAL NEEDS and EMERGENCY INFORMATION**

We would appreciate it if you'd provide the following information so that we can give you the best possible care during the course – and in the case of an emergency. Please complete and return this form. In the interests of privacy, **this form will be destroyed at the completion of the course.**

Name

Health statement. Please indicate, by placing a tick in the appropriate box, if you have difficulties with any of the following.

- | | | |
|------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Heart | <input type="checkbox"/> Asthma | <input type="checkbox"/> Blackouts |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hay fever |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Migraines | <input type="checkbox"/> Blood pressure |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Mobility |

Other (please specify).....

Allergies (please specify).....

Medication. Please advise us if you need to take medication over the weekend, so that we can remind you of this.

Name of medication:.....Dosage:.....Frequency:

Special dietary requirements (if you haven't already informed us before the weekend):

.....

In the event of an emergency, which friend or family member would you like us to contact?

Name: Contact number(s):.....

Doctor's name (if known):.....

Contact number:.....

Medicare No:

Private Health Insurance [if applicable]

Ambulance cover?