Volunteer Allergy Form

The purpose of this form is to provide information surrounding your health so that your Project Leaders and the Management Team in Fiji may provide the best care and support in facilitating your health, and experience, on the project. As discussed over the phone, please continue to detail your own experiences in the boxes provided if any information has been missed. By ensuring all boxes are complete, it allows us to give you the best possible support on the project.

It is our standard procedure for your UK Project Coordinator to fill out this form with your input. It will be completed together between yourself and the UK Coordinator, then be added into the project notes and shared with your Project Leaders and the Management Team in Fiji for their reference.

It will not be shared with any other party.

Consent was given by: Date:

_____

Name:
Expedition type and date:

Please list all allergies you have:

Please provide a more detailed medical history of these allergies (when they started, how severe the allergy is, when your last allergic reaction was, what happened the last time you had an allergic reaction, how long do you have to get to a hospital if this is required):

How does your allergy/s affect your life day to day?

Do you carry an EpiPen?

Please list any medications you take regularly for your allergies (include a brief description of each medications purpose and describe what would happen if you did not take your medication)

How can we best support you during your expedition?

Any further information you would like your leaders or the team to know?