



華人之家  
MANCHESTER  
CHINESE CENTRE

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**Charity No: 1114121**

### Manchester Youth Ambassadors Medical Form

Name:	
Date of Birth:	
Passport Number:	
Traveling Insurance Detail:	
Emergency Contact During Trip: Home: Email address:	Work: Mobile:
General Practitioner information: Name: Telephone No:	Address
Details of any existing medical condition/ health information/ allergies (please attach separate letter for any complex issues):	
Details of any medication required during the trip:	
Dietary requirements (vegetarian, kosher etc.)	