

HealthCare card application form

H/03

Please tick the relevant boxes

- I enclose £5.00 for a laminated emergency HealthCare Card (please complete form opposite).
- I enclose a donation of £..... to help the work of the ITP Support Association. (All donations will be acknowledged).
- I enclose a Gift Aid Declaration to enable the ITP Support Association to claim tax back on my donation

Your name and address

Mr/Mrs/Miss/Ms/Dr.....
Address.....
.....
.....Post Code.....
Telephone no (optional).....
Date.....

Please make cheques payable to the ITP Support Association and return this completed form to:-

The ITP Support Association
“Synehurste”, Kimbolton Road,
Bolnhurst, Beds MK44 2EW

HealthCare card details.

(Please print clearly)

Your name and home address (as it will appear on the card)

Name.....

Address.....

.....Post Code.....

Home 'phone no (if you wish it to be included on the card)

.....

Your emergency contact name.....

Their address

.....

Their 'phone no(s).....or

Your GP's name.....

Your GP's 'phone no.

The name of your consulting hospital.....

.....

Your hospital's phone no.

Medical diagnoses/conditions.....

.....

.....

Do you have any allergies that should be known in an emergency? If so what are they?

.....

Have you had a splenectomy? YES/NO

Drugs routinely taken (*please* check spelling).....

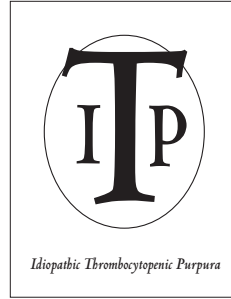
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Any occasional drugs you would like listed.....

Contact tel no. or email address in case we have a query

.....



HealthCare Card

order form
