



Camp Health Information Form

Camp Location:	From
	To:

Camp Leader:	Assistant Camp Leaders:
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This section (both sides) is to be completed by the Parent or Guardian of the young person named below. Please answer the following questions as fully as possible. In the event of your child requiring emergency treatment, it will help the medical authorities in deciding which the most appropriate treatment to give is.

Surname:	Date of Birth:
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Forenames:	National Health Service No:
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Last Date of Tetanus Injection:

Parent/Guardians Address during the Camp:
Telephone:

Family Doctors Name and Address:
Telephone:

I hereby give permission for my child to attend the aforementioned Camp.

If it becomes necessary for my child to receive medical treatment and I cannot be contacted by telephone or any other means to authorise this, I hereby give my general consent to any necessary medical treatment and authorise the Camp Leader named above (or in their absence one of the Assistant Camp Leaders named above), to sign any document required by the hospital authorities.

I will inform the Camp Leader if any of the information given on this form changed before the event takes place.

Name of Parent/Guardian:	Relationship to Young Person:
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Signature:	Date:
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Please continue over the page



Camp Health Information Form continued

Name:

In the space below please give details of the following:

1. Any known infectious diseases with which your child (named above) has been in contact within the last three weeks (e.g. Chicken Pox, Diphtheria, Measles, Rubella, Whooping Cough etc.)

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2. Any known allergies/sensitivities/disabilities and details of any known precautions or remedies (e.g. Penicillin, Food Colourings, Travel Sickness, Bed-wetting, Asthma etc.)

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3. Details of any Medicines/Diets/Treatments currently being taken/followed (including dosage details) and the Specialist and Hospital concerned if appropriate (please include any non-prescription preparations, such as cough sweets, herbal medicines).

(If He/She has to take any medicines the bottle(s), jar(s) or other items should be clearly labelled with their name and the exact dosages, and should be handed to the Camp Leader/First Aider before departure.

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Please continue on a separate sheet if required (Remember to include your child's name on any separate sheets and attach them securely to this form).