

Health Information Form

Organiser: Ben de Carteret

This form is to be completed by everybody attending the camp. If the person named is under 18, then the parent of guardian must sign the form. Please answer the following questions as fully as possible. In the event of you requiring emergency treatment, it will help the medical authorities in deciding which is the most appropriate treatment to give. Please complete in BLOCK CAPITALS)

Participant
Section.....
Surname.....
Forenames.....
Address.....
.....
.....Post Code.....
Date of Birth.....
NHS Number.....

In an emergency you should contact the following person.
Name.....
Relationship.....
Address.....
.....
.....Post Code.....
Telephone.....
Mobile.....
.....

Family Doctor's Name and Address
Name.....
Practice.....
Address.....
.....
.....
.....
Telephone.....

Alternative emergency contact
Name.....
Relationship.....
Address.....
.....
.....Post Code.....
Telephone.....
Mobile.....
.....

Who does the child live with at home? ie one or both parents.....
.....
Names and dates of birth of any siblings (under 18) living at the same address.....
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Is there any contact with social services? Do they have an allocated social worker?.....
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Health Information Form

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, Mumps, Rubella, Whooping Cough etc.
2. Any Known allergies / sensitivities / disabilities and details of any known precautions of remedies (e.g. Penicillin, Food Colouring etc.)
3. Details of any medicines / treatments currently being taken (including dosage) & the specialist / hospital concerned if appropriate. (If have to take any medicines, the bottles, or other items should be clearly labelled with your name and the exact dosage.)
4. Does the person named suffer from asthma, chest complaints, wheezing of hay fever, migraine fits of faints or any other illness of disability? YES / NO (If YES please give details below)
5. Does the person named administer his or her own medication ? *YES / NO
6. For members aged under 18:
 - a. we will administer homely remedies ie paracetamol, if there are any medication you do not wish your child to take please indicate this below.
 - b. Any other treatment as deemed by First Aider

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All Participants

If it becomes necessary for me to receive medical treatment. I hereby give my general consent to any necessary medical treatment and authorise the organisers named above (or in their absence one of the assistant organisers), to sign any document required by the hospital authorities.

Signature of Participant

Date

Under 18s

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 treatment and authorise the organisers named above (or in their absence one of the assistant organisers), to sign any document required by the hospital authorities.

Name of Parent / Guardian

Date

Signature of Parent / Guardian

Date

For Admin use only