



Health Information Form

This section to be completed by the Camp Leader

Camp/Holiday Location

From To

Camp Leader

Assistant Camp Leaders

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. As in the event of your child requiring emergency treatment, it will help the medical authorities in deciding which is the most appropriate treatment to give.

(Please complete in BLOCK CAPITALS)

Surname

Date of Birth

Forenames

National Health Service Number

He may bathe under careful Supervision.. Yes No

Date of last 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/Holiday leader named overleaf (or in their absence one of the assistant camp/holiday leaders named overleaf), to sign any document required by the hospital authorities.

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

Name of Parent/Guardian

Relationship to Young Person

Signature

Date

The Camp Leader (or in their absence one of the assistant Camp leaders named above) may administer the appropriate minor treatment/precautions (as listed below) if required.
Headache
Stomach Upset.....
Cuts & Grazes.....
Colds etc.
Other Specific Ailments Please continue below if required.

