



# Health Information Form

Camp Location	From	To
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Camp Leader	Assistant Camp Leader(s)
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This section (both sides) is to be completed by the Parent/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
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Fore Names	National Health Service Number
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He / She may bathe under careful Supervision Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of last Tetanus injection
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Parent/Guardians Address During the Camp ..... ..... ..... Telephone
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Family Doctors Name & Address ..... ..... ..... Telephone
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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 changes before the event takes place.

Name of Parent/Guardian	Relationship to Young Person
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Signature	Date
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# Health Information Form

The Camp Leader (or in their absence one of the Assistant Camp Leaders named overleaf) may administer the appropriate minor treatment/prescription (as listed below) if required.

**Headache:** .....

**Stomach Upset** .....

**Cuts & Grazes** .....

**Other Specific Ailments** ..... Please continue below if required

In the space below please give details of the following:-

1. Any known infectious diseases with which the child (named overleaf) has been in contact with over the last three weeks. (e.g. Chicken Pox, Diphtheria, Measles, Mumps etc.)
2. Any known allergies/sensitivities/disabilities and details of any known precautions or remedies. (e.g. Penicillin, Food Colourings, Nuts, Travel Sickness, Asthma etc.)
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 etc.)
4. Any other special needs or attention required.

(If he / she has to take any medicines, then these must be clearly labelled with name, exact dosage and details and must be handed to the Camp Leader / First Aider on arrival.)

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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.)