



Health Information & Consent Form

To be returned (both sides)

This section to be completed by the Camp/Holiday Leader			
Camp/Holiday Location	Bibby's Farm	Dates (inclusive) From: 05/11/2010 To: 07/11/2010	
Camp/Leader Leader	Anne Brown	Assistant Ldrs & Helpers R Cuerden, S Farley, H Knight, J Smith, N Heaton	

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

Last Name	Date of Birth
First Names	National HEALTH Number
He/She can take part in waterborne activities Yes / No *	Date of Last Tetanus Vaccination
They can swim over 25 metres Yes / No *	Vegetarian Yes / No * Vegan Yes / No *
They normally use buoyancy aids Yes / No *	* - Please delete as appropriate
Contact Details of Parent/Guardian whilst Activity is taking place: Name Address Contact No	Family Doctors Details: Name Address Contact No

Allergies (both Food & Other Issues)

I hereby give permission for the above young person to attend the aforementioned Camp/Holiday.

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/Holiday 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

Please turn over for Medical Issues

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The Camp/Holiday Leader (or in their absence one of the assistant Camp/Holiday leaders named overleaf) may administer the appropriate minor treatment/precautions (as listed below) if required.

Headache:

Stomach Upset:

Cuts & Grazes:

Colds, etc:

Other specific ailments as listed

Any Known Infectious Diseases with which Your Child (named overleaf) has been in contact within the last three weeks (e.g. Chicken Pox, Diphtheria, Measles, Mumps, Rubella, Whooping Cough etc.)

Any Known Allergies/Sensitivities/Disabilities and details of any known precautions or remedies (e.g. Penicillin, Food Colourings, Travel Sickness, Bed-wetting, Asthma etc.)

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

Other important information you may wish to tell us about the Young Person named overleaf

[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.]]