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Health Information Form

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This section to be completed by the Camp/Holiday Leader		
Camp/Holiday Location Gransden Lodge Airfield	From 1 st April To 2 nd April 2017	
Camp/Holiday Leader Colin Knowles Assistant Camp	/Holiday Leaders Wendy Hawkes Jim Johnston	
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/She may bathe under careful Supervision Yes	No Date of last Tetanus injection	
Parent/Guardians Address During the Camp/Holiday	Family Doctors Name and Address	
Telephone	Telephone	
I hereby give permission for my child 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 g	iven on this form changes before the event takes place.	
Name of Parent/Guardian	Relationship to Young Person	
Signature	Date	
The Camp/Holiday Leader (or in their absence one of the assistant appropriate minor treatment/precautions (as listed below) if requir		
Headache		
Stomach Upset		
Cuts & Grazes		
Colds etc.		
Other Specific Ailments		
Any Known Infectious Diseases with which Your Child (name	ed overleaf) 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 or remedies (e.g. Penicillin, Food Colourings, Travel Sickness, Bed-wetting, Asthma etc.)	
3.	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). (If He/She has to take any Medicine's, 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)		