



HEALTH FORM

I give permission forto attend the camp at Walton Firs from Friday 16th to Sunday 18th September 2011

I will inform you if he/she is in contact with any infectious diseases within three weeks of the event.

I will inform you if any medicines have to be taken during the camp, and the appropriate hospital concerned if under current treatment. (If he/she has to take pills or medicines, the bottles(s) or jar(s) should be clearly marked with his/her name and the exact dose, and handed to the Leader before departure).

In the event of illness or accident requiring emergency hospital treatment I authorise any of the nominated Camp Leaders* to sign on my behalf, any written form of consent required by the hospital authorities, if the delay required to obtain my own signature is considered inadvisable by the doctor or surgeon concerned.

He/She has/has not** any known allergies/sensitivities eg penicillin, nuts, or disabilities eg sickness, asthma, bed-wetting etc.

If he/she has please give full details or precautions and/or remedies.....
.....
.....

He/She has/has not** a special diet that must be followed, which prevents the consumption of.....
.....

He/She has/has not** been immunised against tetanus within the last 5 years. Date:

The nominated Camp Leader may administer the following appropriate minor treatment/precautions if required†:

- Calpol for headache or temperatures
- Piriton for allergic reactions or insect bites
- Micropore tape and Melonin for cuts and grazes
- Mr Bump for swellings and sprains

Name and address of family Doctor:

During the camp my address (es) will be

From	to		From	to
Tel			Tel	

Signed (Parent/Guardian)** Date.....

* Nominated Camp Leader: Mike Mayhew, Mick Shade, Paul Wilkins
 ** Delete where applicable
 † Tick those which may be used