

# HEALTH FORM JUST IN CASE!

## personal details

Name:	Date of Birth:
Address:	NHS Number:
Home Phone Number:	Date of last Tetanus:
	Emergency Contact Number: <small>(Different from home number.)</small>

## medical details

Doctors Name, Address and Phone Number:

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Does your child have any medical conditions (asthma, hayfever, allergies ect) which you feel the leaders should be aware of:

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Is your child currently taking any medication which you feel leaders should be aware of:

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Any medication, including asthma pumps of cough mixture must be marked with your childs name and dosage details and handed to a leader at the start of a camp.

I give permission for my child to use the following. (Please delete any your child can't have)

Calpol	Diaralyte	Anti-Histamine	Savlon	Paracetamol	Plasters
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In the unlikely event my child has an accident whilst at Camp I give permission for the Camp Leader and/or 1st Aider to take any action as necessary.

Parents Name:	Sign:	Date:
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