



Fix Photo  
Of  
Child  
Here

**CAMP MEDICAL FORM 2016**

<b>Child's Full Name</b>			<b>Date of Birth</b>	/	/	
<b>Home Address</b>						
<b>Family Contact Details</b>	<b>1</b>		<b>2</b>			
<b>Name &amp; Address</b>						
<b>Relationship to child</b>						
<b>Contact Telephone No.</b>						
<b>Home</b>						
<b>Work</b>						
<b>Mobile</b>						
<b>Name of Child's Doctor</b>	<b>Dr.</b>		<b>Address of Doctor</b>			
<b>Telephone No.</b>						
<b>Child's NHS Number</b>						

**CHILD'S MEDICAL INFORMATION**

<b>Does your child have any illness or disability?</b>	<b>YES</b>	<b>NO</b>	<b>Does your child have any allergy or other medical condition?</b>	<b>YES</b>	<b>NO</b>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

If the answer to either of the questions above is **YES**, please give full details below. If more space is required continue on a separate sheet, put your child's name on it and attach securely to this form


<b>Date of last anti-tetanus injection</b>	
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Please turn over to Page 2.



### MEDICATION

If your child is taking prescribed medicines please give details below. All medicines **MUST** be labelled and handed in on arrival. They will be administered at the times directed below. *(If your child has an inhaler please supply 2 and label both with your child's name.)*

**NOTE: Only medicines prescribed for your child will be allowed to be taken.**

Day	Medicine	Dosage	Morning	Noon	Evening	Before Bed	As required/Optional
Saturday 1							
Sunday							
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday 2							

On occasions a child at camp may require treatment with over the counter remedies. In the event that this should occur please indicate below which items you give permission for our trained staff to use. All treatments are recorded, & checked in the camp records and only given when absolutely necessary

Calpol / Paracetamol	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Antiseptic throat lozenges	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Anthisan cream (for bites & stings)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Bonjela	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Plasters	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Sun cream	YES <input type="checkbox"/>	NO <input type="checkbox"/>
After sun	YES <input type="checkbox"/>	NO <input type="checkbox"/>

### CONSENT

I \_\_\_\_\_ give permission for the camp leader, or appropriate responsible person, to authorise receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present for \_\_\_\_\_ (Child's name)

Parent/Guardian Signature		Print Name	
Relationship to child		Date	/ /
<b>By signing this form, I confirm that all information above is, to the best of my knowledge, correct</b>			

