

HEALTH FORM

(Please write clearly and complete ALL sections on both sides of this form)

Group:- _____

Group Leader:- _____

Surname:- _____ Title:- _____ Forename:- _____
Date of Birth:- _____ Age:- _____ NHS number:- _____

In an emergency please contact:-
Surname:- _____ Title:- _____
Forename:- _____
Relationship:- _____
Address:- _____
Post/zip code:- _____ Country:- _____
Daytime tel.:- _____
Evening tel.:- _____
Mobile or other tel.:- _____
please indicate national/international dialling codes

Participants Family Doctor
Name:- _____
Address:- _____
Post/zip code:- _____ Country:- _____
Telephone:- _____
If receiving Hospital treatment
Name of Hospital:- _____
Hospital tel.:- _____
Patients Hospital Number:- _____
Consultant:- _____
Speciality:- _____

Emergency Permission
I give my permission for any Frylands Camp Site First Aider/Paramedic to give treatment for any illness or injury during the camp. I also give my permission for any First Aider/Paramedic/Authorised Leader to give consent for any necessary hospital/medical treatment provided reasonable attempts have been made to contact me.
Signed:- _____ Date:- _____
Print:- _____
Relationship:- _____
This must be signed by the holder of Parental Responsibility if the camper is under 16 years of age during the duration of the camp and by the participant if over 16.

Allergies
Is the participant allergic to ANYTHING? YES/NO
(e.g. medicines, food, elastoplast)
Please give details:- _____

International Participants Only:
Statement of Medical insurance
I have made adequate provision to cover all medical costs incurred in the UK.
Signed:- _____ Date:- _____
Insurance Company:- _____
Policy Number:- _____
Tel:- _____
Please ensure the policy certificate is in the participants possession

Medical History
Does the participant have any significant Medical History?
(e.g. any operations, heart problems, epilepsy, diabetes, asthma). Please list anything you may think significant:-

continue overleaf

Medication
Does the participant take any medication? YES / NO
Please list ALL medication, regular or occasional, with dosage and storage instructions. It is ESSENTIAL that the participant brings enough regular medication for the duration of the camp, in their original containers, clearly labelled with name, product and dosage details.
List overleaf

Participants Own Medication List*Full generic and brand name**Dosage Details (quantity, times of day, storage, etc)*

Participants under 16 should give their medication to their contingent leader for safe keeping, however inhalers should be kept with the individual, with a spare being given to the Leader.

Medication Available on Site

The following are available from the First Aid team, please indicate which **can** or **cannot** be used

Dosages will be in accordance with the manufacturer's/supplies recommended doses.

Paracetamol (tablets & elixir)	YES / NO
Ibuprofen (tablets & elixir) - not for asthmatics	YES / NO
Chlorphiramine e.g Piriton (tablets & medicine) - for allergies	YES / NO
Antacid e.g. Gaviscon, Rennies (tablets and medicine)	YES / NO
Simple Linctus (cough mixture)	YES / NO
1% Hydrocortisone cream (not on faces)	YES / NO
Insect bite cream, e.g. Waspeze, Anthisan	YES / NO
Calamine Lotion (for sun burn)	YES / NO

I give permission for the above, as indicated, to be given at the appropriate dose.

Signed:- _____ Print:- _____ Date:- _____

Participants are expected to supply their own sun creams/blocks/moisturisers. We request that participants who wear glasses bring a spare pair if possible, participants who wear contact lenses must bring sufficient supplies.

Significant Medical history

Please indicate below any Medical History we should know about, particularly any current treatment, or any treatment, surgery or investigations in the last six months.

Date of last Tetanus vaccine:- _____

please continue on additional paper if required

Information detailed on this document will be held in accordance with UK law regarding Data Protection, with access being granted to authorised staff only.