

PARENTS' CONSENT AND CAMP/HOLIDAY HEALTH FORM

NOTE: THIS INFORMATION WILL BE HELD IN CONFIDENCE

Members of the Brigade 18 years of age and over may complete the form themselves: for those under 18 the form should be completed by the parent or guardian.

CAPITALS PLEASE

THE **CAMP/HOLIDAY 20.....**

Name of Boy / Girl

Home Address

.....

..... Post Code Tel. No.

Date of Birth

Address and telephone number of parent or guardian during camp/holiday

.....

Name and address of family doctor

.....

Doctor's telephone number

National Health No. (if known)

Has your son/daughter to your knowledge been in contact with any infectious illness in the last three weeks?

Is he/she allergic to anything? (e.g. antibiotics, elastoplast, aspirin tablets or other such medicines, any particular food, etc.) if so give details

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Does he/she suffer from recurrent illness, e.g. asthma, hayfever, migraine, fits or faints, bad periods or any other illness or disability? if so give details

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Is he / she receiving regular medical treatment at present? If so, give details of pills, medicines, etc. (These must be handed to the Officer in Charge).

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Date of anti-tetanus injection (if known)

May he / she, under proper supervision, take part in

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Medication

This should be given to the Officer in Charge, or the First Aider, clearly marked with the member's name and full instructions for use except for inhalers, which may be retained by the member. (Spare inhalers should be given to the First Aider.)

In the event of a medical emergency or any accident requiring emergency hospital treatment

I authorise

(Leaders)

* and / or

(First Aider)*

to give permission to the doctor to undertake whatever treatment is considered necessary.

* If a First Aider is not available the Officer in Charge should contact the doctor directly.

Date Signed
Parent/Guardian (if under 18)

Date Signed
Member (if 18 years and over)

I,, agree to my son / daughter attending the above camp / holiday and that the details given are correct.

Date Signed
Parent/Guardian (if under 18)

Please return form to the OIC

Address

.....

on