

Camp Medical Form

Club name:

>

Attendee Details

Title: Mr / Mrs / Miss / Other (please specify)

Surname: > _____

First Name(s): > _____

Address of applicant: _____

Postcode: _____

Health Information

Name of Family Doctor: > _____

Telephone: > _____

G P Surgery Address: > _____

Fax No: > _____

GP Surgery Email Address: > _____

NHS Number > _____

Please tick if you have / have had any of the following:

Rheumatic fever--
Asthma--
Fainting spells--
Diabetes--
Hayfever--

Heart trouble--
Hernias--
Travel sickness--
Epilepsy--
Kidney Disease--

Date of last tetanus injection ___ / ___ / ___

Please give details of any current / past illnesses or medical conditions of which we should be aware (please continue on another sheet of paper if necessary).

Are you taking any medication?

Yes / No

If yes, please give name of drug and dosage details?

Any medicines required during the camp should be clearly labelled with the name and exact dosage details (and should be handed to the club leader before departure if under 18).

Do you have any known allergies (e.g. to foods, medicines, vaccines etc).

If yes, please give details.

Are there any behavioural challenges that the organisers should be aware of?

Yes / No

If yes, please specify.

Emergency Contact Details

Title: _____ First Name: _____ Surname: _____

Relationship to attendee: _____

Address if different from applicant: _____

Postcode: _____

Daytime Contact No.: _____ Evening Contact No.: _____

Email: _____ Mobile: _____

To be completed by the parent / guardian if the attendee is under 18 years of age.

Signed:

Date: ___ / ___ / ___

Please note that all sections must be completed in full. This is for club use and should be available for inspection on arrival at camp.