



# Health Information Form

## 2019 OktoberKamp

**Location:** Linnet Clough Scout Camp, Gibb Lane, Mellor

**Permit holders:** Ryan Bennett

**First Aiders:** Craig Bennett, Mike Brown

From 13<sup>th</sup> Oct to 15<sup>th</sup> Oct

**This section (both sides) is to be completed by the Parent or Guardian of the young person named below. Please answer the following questions as fully as possible. In the event of your child requiring emergency treatment, it will help the medical authorities in deciding which is the most appropriate treatment to give. (Please complete in BLOCK CAPITALS)**

Surname

Forenames

Religion (optional disclosure):

Date of Birth

National Health Service Number

Date of last Tetanus injection

Parent/Guardians Address During the Camp/Holiday  
Note, parent/guardian must be contactable and available to collect from the camp in case of illness

Telephone

Secondary contact address in case of emergency:

Telephone

Family Doctors Name and Address

Telephone

Activities permission. Please tick as required.  
No tick will prevent your child taking part in these activities.

[ ] The named person can swim 50 metres

Note: a separate permission form is required for shooting activities.

**Permission to camp / behaviour management:** I hereby give permission for my child to attend the aforementioned Camp/Holiday. I understand that the Camp Leader or Deputy reserves the right to send any participants home if necessary due to behavioural or health/safety concerns.

**In loco Parentis:** If it becomes necessary for my child to receive medical treatment and I cannot be contacted by telephone or any other means to authorise this, I hereby give my general consent to any necessary medical treatment and authorise the Camp/Holiday leader named above (or in their absence one of their delegates), to sign any document required by the hospital authorities – in loco parentis.

**Photo/Media policy:** Attendance at the event automatically grants permission for likenesses and voices to be included in pictures/recordings of the event.

**GDPR:** By signing below I am also agreeing to personal data records being held on paper, and on other systems enabling the group to manage the event. Data will be retained for 3 months following the event and then securely destroyed.

**Food:** I understand that no food or sweets are to be taken to the camp to ensure food allergy risks are managed appropriately.

Name of Parent/Guardian

Relationship to Young Person

Signature

Date

Email address for correspondence relating to the event

Cotton Wool	Asprin(only used for suspected heart attack)	Paracetamol	Ibuprofen(will not be given to asthmatics)
Milk of Magnesia	Antiseptic cream	Antiseptic fluid	Wasp-ease
			Burn-ease
			Cough Syrup
Fabric Plasters	Waterproof plasters		

**Please inform us if your son/daughter has any illness, however slight, in the 2 weeks leading up to the camp.**

1. Any Known Allergies/Sensitivities/Disabilities and details of any known precautions or remedies (e.g. Penicillin, Food Colourings, Travel Sickness, Bed-wetting, Asthma etc.)

2. Details of any Medicines/Diets/Treatments currently being Taken/Followed (including dosage details) & the Specialist and Hospital concerned if appropriate (please include any non prescription preparations, such as cough sweets , herbal medicines). *If He/She has to take any Medicine's, the bottle(s), jar(s) or other items should be clearly labelled with their name and the exact dosages, and should be handed to the Camp Leader/First Aider on arrival. Participants will self medicate.*

This image shows a full page of white paper with horizontal dotted lines. The lines are evenly spaced and run across the width of the page, providing a guide for handwriting practice. There are no margins, text, or other markings on the page.

I will inform the Camp/Holiday Leader if any of the information given on this form changes before the event takes place.

**Parent Signature (Page 2)**