

CHILD'S INFORMATION AND MEDICAL FORM 2008

PLEASE USE BLOCK CAPITALS

CHILD'S FULL NAME:	
ADDRESS:	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>

DATE OF BIRTH:	
MEDICAL CARD No.	
NATIONAL INSURANCE No.	

DOCTOR'S NAME:	
ADDRESS:	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>
TELEPHONE No.	

- **My child does not suffer from any medical condition requiring regular treatment**
- **My child is allergic to**

- **My child suffers from**

requiring regular treatment. I enclose a letter giving full details of the medical condition and its treatment.
- **My child's last tetanus injection was**

- **I consent to any emergency medical treatment necessary during the course of the camp.**
- **Special dietary requirements: diabetic vegetarian other**
 (Delete whichever is not applicable)

NAME OF PARENT:	
TEL No. (DAY):	
TEL No. (NIGHT):	
MOBILE No.	
TEL No. (OTHER)	
EMAIL ADDRESS:	

ADDITIONAL INFORMATION:

SIGNATURE OF PARENT: **DATE:**/...../.....

EXPLANATORY NOTES

This form serves several important functions:-

- 1. It contains information about your child, together with your consent to medical treatment, if required.**
- 2. It gives the supervising staff immediate information on how to contact you in an emergency.**

You will therefore appreciate the importance of this form and it MUST BE COMPLETED IN FULL. If the form is not returned, your child WILL NOT participate in the camp. If you wish to discuss the contents of this form please contact –

**КРАЈОВА УПРАВА (KRAYOVA UPRAVA)
Tel: 01332 700215**