



Tarasivka • Weston-on-Trent • Derby • DE72 2BU • Tel/Fax: 01332 700215

CHILD'S INFORMATION AND MEDICAL FORM 2009

PLEASE USE BLOCK CAPITALS

CHILD'S FULL NAME:	
ADDRESS:	_____ _____
TELEPHONE No.	

DATE OF BIRTH:		NHS No.	
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DOCTOR'S NAME:	
ADDRESS:	_____ _____
TELEPHONE No.	

1. Does your child suffer with any medical condition? YES / NO

If yes, please specify:
.....
.....

2. Does your child take any regular or as required medications? YES / NO

If yes, please specify:

Medication	Dose	Frequency
.....
.....
.....
.....
.....

3. Is your child allergic to any medications or other substances? ie: nuts, bee stings, pollen? YES / NO

If yes, please specify :

4. Does your child require any special dietary requirements? YES / NO

If yes please tick : Diabetic.....Vegetarian.....Nut free.....Wheat intolerant..... Other.....

Please specify :

5. Has your child had a tetanus injection in the last 10 years? YES / NO

Please make sure that if your child is taking any medication, an adequate supply is provided for the duration of the camp and they are in date. All medications must be handed to the medical team on the first day of camp.

For parents:

I consent, in my absence, to my child receiving any medical treatment felt to be appropriate by the duty first aider. Please note this may mean taking your child to a local GP, out of hours NHS service or a local A&E.

Names of parents: /

Signature of parent(s): /

Date:

Tel No. (day)	
Tel No. (night)	
Mobile No.	
Tel No. (other)	
Email address:	

Additional Information:

Explanatory Notes

This form serves several important functions:

- 1. It contains information about your child, together with your consent to first aid treatment, if required.**
- 2. It gives supervising staff details of how to contact you in the case of a query or emergency.**

This form MUST BE COMPLETED IN FULL. If not returned, your child WILL NOT participate in the camp. If you wish to discuss the contents of the form please contact:

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