



CHILD'S INFORMATION AND MEDICAL FORM

PLEASE USE BLOCK CAPITALS

FULL NAME:			
ADDRESS:	----- ----- -----		
TELEPHONE No.		MOBILE 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 Frequency	Dose
.....
.....
.....
.....

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 stay and they are in date. All medications must be handed to the designated first aider on arrival.

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, or a local A&E.

Names of parent(s): /

Signature of parent(s): /

Date:

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

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.

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:

КРАЙОВА УПРАВА (KRAYOVA UPRAVA)
Tel: 01332 700215