



HEALTH INFORMATION

GIVEN NAMES

SURNAME

DATE OF BIRTH

MEDICAL CONDITIONS

Does your child have any medical condition or health problem? YES / NO

If "YES", please give details of the medical/health problem: _____

Are you aware of any medical emergency which could occur? YES / NO

If "YES", please give details:

Precautions to avoid emergency _____

How to recognise emergency _____

Emergency treatment required _____

MEDICATION

Does your child take any prescribed medication (including inhalers)? YES / NO

If "Yes", please give details:

Medication Name _____

Dose _____

When Taken _____

How Taken _____

Any side effects _____

Note: Any medication needed during camp should be handed to an Instructor on arrival, with written notes of your child's name, medication, dose, etc.

Has your child received a complete course of Tetanus Toxoid immunisation? YES / NO

Check details with your doctor if uncertain. Date of last booster _____

Parents Name _____ Mobile Phone # _____

Parents Email Address _____

Parents Signature _____ DATE _____