

Fraisthorpe Family Bible Week and Youth Camp – Medical Consent

This information is strictly confidential USE BLOCK CAPITALS ONLY

It is a condition of acceptance that this form is completed in full, and returned by 30th June.

Full name of child:.....Date of birth:.....

Address:.....

.....Post Code:.....

Name of Parent/Carer:.....

Tel no: Day:.....Eve:.....Mobile:.....

Contact Address (if different from the above):.....

.....

Other emergency contact name:.....

(This must not be a relative/friend who is attending the Camp)

Tel no: Day:.....Eve:.....Mobile:.....

Name of GP:.....Tel no:.....

GP's address:.....

NHS No..... Date of last anti-tetanus injection

Does your child suffer from any allergies, asthma, epilepsy, diabetes etc? Yes / No

If yes, please give details:.....

.....

Does your child suffer from any food allergies?

Details of any medication required during the camp (all medication to be labeled correctly and clearly with name and dose needed each day).

.....

Please note: Any medication **MUST** be brought to Camp, e.g. nebulisers, inhalers, tablets, creams etc. Make sure medication has not gone past its expiry date. Please send medication in its original packet/bottle with instruction leaflet so that our medical staff know what it contains. **DO NOT** put medication in other containers or envelopes!

continued overleaf.....

Is your child suffering from or has he/she suffered from ANY infectious disease in the last 12 months? Yes / No

If Yes, please give details

.....

Has your child had a general anaesthetic in the last 12 months? Yes / No

Authorisation for Medical Consent

'On site' consent for general 'over the counter' medication, i.e. Calpol, Paracetamol, Cough Mixture etc.

SignedParent/Guardian Date

Authorisation for Medical Consent

In the event of you being unable to contact me, I agree to any medical treatment and dental treatment being given to my child if required, including the administration of a general anaesthetic and to surgical operation/s, in accordance with the recommendations of a qualified medical practitioner.

SignedParent/Guardian Date

Please note: We require a new medical form filled out every year for every camper, to ensure all details are fully up to date. Even if you filled out a form last year, please fill out this one! Thank you!