



Blackpool District Jamboree Selection Health Information Form and Permission to Camp



Event Location: TBC
Event: District Jamboree Selection

From 9:00 17 Feb 2018
To 16:00 18 Feb 2018

Leader On Site <i>Peter Rumley/Stephen Williamson</i>
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Other Leaders – Victoria Da’Silva; Stewart Swann Plus other District leaders
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This section (both sides) is to be completed by the Parent, Guardian or Next of Kin of the person named below. Please answer the following questions as fully as possible. As in the event of your child/next of kin requiring emergency treatment, it will help the medical authorities in deciding which is the most appropriate treatment to give.

(Please complete in BLOCK CAPITALS)

Surname

Date of Birth

Forenames

National Health Service Number

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Date of last Tetanus injection

Parent / Guardian / Next of Kin Address (if you are away from home please give this address – please continue overleaf if multiple addresses required)
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.....
.....
Telephone

Family Doctors Name and Address
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.....
.....
Telephone

I hereby give permission for my child to attend the aforementioned Camp.

If it becomes necessary for my child/next of kin to receive medical treatment and I cannot be contacted by telephone or any other means to authorise this, I hereby give my general consent to any necessary medical treatment and authorise the Course leader named above (or in his/her absence one of the assistant leaders named above), to sign any document required by the hospital authorities.

I will inform the Course Leader if any of the information given on this form changes before the event takes place.

Name of Parent/Guardian/Next of Kin

Relationship to Named Person

Signature

Date

The Course Leader (or in their absence one of the assistant Course leaders named overleaf) may administer the appropriate minor treatment/precautions (as listed below) if required.

Headache.....

Stomach Upset.....

Cuts & Grazes

Colds etc.....

Other Specific Ailments Please continue below if required.

In the space below please give details of the following:-

- 1. Any Known Infectious Diseases with which Your Child (named overleaf) has been in contact within the last three weeks (e.g. Chicken Pox, Diphtheria, Measles, Mumps, Rubella, Whooping Cough etc.)
- 2. Any Known Allergies/Sensitivities/Disabilities and details of any known precautions or remedies (e.g. Penicillin, Food Colourings, Travel Sickness, Bed-wetting, Asthma etc.)
- 3. Details of any Medicines/Diets/Treatments currently being Taken/Followed (including dosage details) & the Specialist and Hospital concerned if appropriate (please include any non prescription preparations, such as cough sweets, herbal medicines).
(If He/She has to take any Medication, the bottle(s), jar(s) or other items should be clearly labelled with their name and the exact dosages, and should be handed/notified to the Camp Leader/First Aider before departure.)

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Please continue on a separate sheet if required (Remember to include your child(s) name on any separate sheets and attach them securely to this form)