

Health Form



Please complete this form (use overleaf if required) on the day your child leaves for the event, and place in a sealed envelope marked 'Confidential'. This form, plus all medication, will be collected on arrival at the event.

Camper's Name:	Camper's Date of Birth:
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Camper's Address:	Doctor's Name and Address:
	Phone Number:

<u>Parent/Guardian</u>	<u>Alternative Emergency Contact</u>
Name:	Name:
Daytime Phone Number:	Daytime Phone Number:
Evening Phone Number:	Evening Phone Number:

Please tick to indicate any health, disability, social or behavioural issues that your child suffers from:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allergies	Bed-Wetting	Asthma	ADHD	Other

Is your child allergic to Penicillin or any other medication? Yes No
If yes, please give details:

Is your child up to date with all immunisations? Yes No
If no, please give details:

Is your child generally healthy? Yes No
If no, please give details:

Please note that if your child has had an upset stomach, we would ask that you refrain from sending them to the holiday until 48 hours after the last bout of sickness or diarrhoea.

Should your child require a painkiller, what would you normally give them?

Paracetamol Ibuprofen Calpol or equivalent

We would ask you to send a sufficient supply, however if this supply proves to be insufficient, then we will purchase and administer the painkiller noted above.

Please give details of any prescribed medication required, and how often it has to be taken.

Medication	Dosage	Frequency

Declaration

1. I am in full agreement with my child/ward attending this event.
2. I give permission for the painkillers and prescribed medication noted above to be given to my child/ward.
3. In the event of a medical emergency, I authorise Scripture Union Scotland to sign any required declaration on my behalf (including General Anaesthetic).
4. To the best of my knowledge the information given above is accurate.

Signed: _____ Date: _____