

# Health Form

Please complete the online version of this form at [www.suholidays.org.uk/health](http://www.suholidays.org.uk/health). If you are unable to complete it online, use this paper version this shortly before your child leaves for the event, and place it and any medicines in a clear plastic bag with your child's name written clearly on the bag.

Camper Name:	Camper Date of Birth:
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Camper Address inc Postcode:	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:

Does your child have any health, social or behavioural conditions that we should be aware of? <small>For example allergies, asthma or bed wetting If yes, please give details:</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child have any additional support needs that we should be aware of? <small>For example Autism, ADHD or Dyslexia If yes, please give details:</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your child allergic to Penicillin or any other medication? <small>If yes, please give details:</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your child up to date with all immunisations? <small>If no, please give details:</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Should your child require a painkiller, what would you normally give them?
<input type="checkbox"/> Paracetamol (liquid) <input type="checkbox"/> Paracetamol (tablet) <input type="checkbox"/> Ibuprofen (liquid) <input type="checkbox"/> Ibuprofen (tablet)
<b>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.</b>

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

### **Covid-19 Declaration**

**Please read the following statements carefully and indicate your agreement below.**

1. My child does not have any of the following Covid-19 symptoms:
  - New, continuous cough
  - High temperature or fever
  - Loss of, or change in, sense of smell or taste
2. My child, nor anyone in their household has tested positive for Covid-19 or had Covid-19 symptoms in the last 14 days.
3. My child has not been asked to self isolate by NHS Test and Protect in the last 14 days.
4. I agree to inform NHS Test and Protect that my child attended this event if they develop any Covid-19 symptoms.
5. I will not send my child to this event if any of these answers change between now and the event starting.

**I agree with the Covid-19 statements listed.**

### **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.

**I agree with the statements above.**

**Your Name** \_\_\_\_\_ **Relationship to child** \_\_\_\_\_

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_