

# Health Form



**SU Holidays**

Please complete and send this form with your child, along with any medicines in a clear plastic bag with their name written clearly on the bag. Include the packing or prescription note if applicable.

<b>Camper Full Name</b>		<b>Camper Date of Birth</b>	
<b>Camper Address inc. Postcode</b>			

<b>Doctor's Name and Address</b>	
<b>Doctor's Phone Number</b>	

<b>Parent/Guardian</b>		<b>Alternative Emergency Contact</b>	
<b>Name</b>		<b>Name</b>	
<b>Daytime Phone No.</b>		<b>Daytime Phone No.</b>	
<b>Evening Phone No.</b>		<b>Evening Phone No.</b>	

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

Should your child require a painkiller, what would you normally give them?			
<input type="checkbox"/> Paracetamol (liquid)	<input type="checkbox"/> Paracetamol (tablets)	<input type="checkbox"/> Ibuprofen (liquid)	<input type="checkbox"/> Ibuprofen (tablets)
<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 or over the counter medication you will be sending with your child.		
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 SU 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.**

<b>Your Name</b>		<b>Relationship to child</b>	
<b>Signed</b>		<b>Date</b>	