

ADVENTURE CAMP

Confidential

MEDICAL FORM 2022

Staff, Trainee Staff, Camper & Crèche

First Name: Surname:

Date of Birth: Contact telephone number(s):

Do you have any allergies? Yes or No If yes, please state:

Do you have any conditions, illnesses, health complaints and/or medication(s) at present that we should be aware of? Yes or No If yes, please state:

EMERGENCY CONTACT(S)

Name(s):

Relationship(s):

Home telephone number(s):

Work telephone number(s):

Mobile number(s):

FOR INDIVIDUALS UNDER 16

Medications should be handed to the appointed Adventure Camp First Aider and should be clearly marked with name and full instructions for use. Campers should retain inhalers and EpiPens, spares should be handed to the appointed Adventure Camp First Aider.

EMERGENCY PERMISSION

I authorise the appointed Adventure Camp First Aider to give permission for medication and/or treatment in a medical emergency involving emergency services. Every effort will be made to contact relatives as soon as possible. The appointed Adventure Camp First Aider will act on their behalf if they cannot immediately be contacted or are unable to attend.

Signed, Parent/Guardian: Date:

Signed, Staff member if over 16: Date: