1st Shawbury Air Scouts

District Camp 2010

Scout health and information form

This section to be completed by the Camp/Holiday Leader

Camp/Holiday/Event Location Sharratt's Wood, Staff's, ST10 4PF	Date From To 25/6/10 to 27/6/10
Camp/Holiday/Event Leader Phil Berridge	Assistant Camp/Holiday Leaders Jonathan Dyer

This section is to be completed by the Parent or Guardian of the young person named below. Please answer the following questions as fully as possible. (Please complete in BLOCK CAPITALS)

Surname	Date of Birth
Forenames	National Health Service Number
He/She may bathe under careful Supervision. Yes ☐ No ☐	Date of last Tetanus injection
Parent/Guardians Address During the Camp/Holiday .... Post Code: ..... **Telephone:** **Mobile:**	Family Doctors Name and Address .... Telephone

Please read each question and tick YES or NO as appropriate	Yes	No
Has your child been in contact with any contagious or infectious disease within the last 3 weeks? If YES give details below.		
Has your child suffered from any recent illness? If YES give details below.		
Is he/she allergic to anything? If YES give details below.		
Does he/she suffer from diabetes, migraine, epilepsy or any other illness or disability? If YES give details below.		
Is he/she receiving any medical treatment at present? If YES give details below.		
Is he/she receiving any special dietary needs? If YES give details below.		
Does he/she suffer from travel sickness?		
Is your child currently taking any medication? If YES give details below.		
Is there any other information of which we should be aware? If YES give details below.		
Continue overleaf for any of the above…		

I hereby give permission for my son/daughter to attend the aforementioned Camp/Holiday. I also give permission for my son/daughter to receive medical treatment in the event of an emergency.

Name of Parent/Guardian	Relationship to Young Person
Signature	Date