

**RESIDENTIAL CAMP VISIT MEDICAL FORM**

Child's name .....

Address .....

..... Date of birth .....

**Emergency Contacts**

Please provide details of a person who will be contactable at all times during the event /activity.

Name ..... Name .....

Telephone 1 ..... Telephone 1.....

Telephone 2..... Telephone 2.....

Relationship..... Relationship.....

GP's name/address .....

GP's telephone number .....

**Relevant medical information**

Please give details of any prescription/non prescription medications ( including instructions), allergies, special dietary requirements, (details – severity, EpiPen information etc)

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The following medication will be available at the event. Please tick to indicate which may be given to your Son/Daughter if required.

Calpol ..... Piriton/Piriteze..... Plasters.....

**Illnesses or disabilities relevant to this event/activity?**

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**Consent**

I authorise the Leaders and first aiders at this event to give permission for my child to receive any emergency dental, medical or surgical treatment, including anaesthetic, as considered necessary by the medical authorities present.

Parent's signature ..... Date.....

Parent's name.....

