

# The Moravian Church in Great Britain and Ireland

## Health Form

Please complete **both** sides of this form – this form is confidential

EVENT or ACTIVITY:	<b>Irish District weekend - Cultra</b>
Date(s) of event or activity:	<b>6-8<sup>th</sup> November 2016</b>

**PART A - to be completed for *all* participants, including leaders**

Full Name:	
Date of birth:	Male or Female:
Address:	
Post code:	
Telephone no:	

**PART B - For participants under 18 years  
(to be completed by person with parental responsibility)**

Please PRINT name of person with parental responsibility:	
<p>I give my permission for .....</p> <p>to attend and take part in ...Summer camp 2015.. at ...The Frontier Centre</p> <p>Signed: _____ Date: _____</p> <p><i>(person with parental responsibility)</i></p>	
<p>I give my consent for .....</p> <p>to have any medical treatment that may be necessary, in the event of an emergency, where a delay is considered inadvisable by the doctor or surgeon concerned. I understand that every effort will be made to contact me.</p> <p>Signed: _____ Date: _____</p> <p><i>(person with parental responsibility)</i></p>	

**PTO**

**PART C - to be completed for all participants, including leaders**

In the case of any emergency please contact:

Name:		Relationship:
Address:		
Telephone no. (including area code):	Day:	Evening:

**PART D - to be completed for all participants, including leaders.**

Please use additional sheets and attach them to this form if required.

Doctor's name:	
Doctor's address:	
Doctor's telephone no. (including area code):	
Participant's National Health number	
Details of any medical condition. e.g. asthma, allergies (including hay fever) diabetes, epilepsy etc.	
Details of any current medication/treatment (name of drug, dosage, frequency etc.)	
<i>Please note that leaders are allowed to supervise the taking of medication but not to administer prescribed or non-prescribed medication. To avoid the risk of loss or damage <b>ALL</b> medication, clearly marked with the child's name and details of dosage and administration, should be handed to the designated leader who will ensure that it is kept in a safe place and available at the correct time.</i>	
Date of last tetanus injection (in case of injury requiring treatment):	
Details of any dietary needs	
What type of pain/flu relief medication your child may be offered if necessary (e.g. paracetamol, aspirin)? :	
Details of any other special needs:	

*Any information on this form will be treated in confidence and only used if necessary.*

Jan 2015

***Inadequate information could put life at risk***

Jan 2015