

The Moravian Church in Great Britain and Ireland

Health Form

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

EVENT or ACTIVITY:	Summer camp 2017, Dovedale House, Ilam, Drrbyshire
Date(s) of event or activity:	5th – 11th August 2017

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:	
I give my permission for	
to attend and take part in ...Summer camp 2017.. at ...Dovedale House	
Signed:	Date:
<i>(person with parental responsibility)</i>	
I give my consent for	
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.	
Signed:	Date:
<i>(person with parental responsibility)</i>	

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 ALL 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 2017

Inadequate information could put life at risk

Jan 2017