

# INFORMATION & HEALTH FORM

*This page to be signed by parent/guardian and returned to the leader before the holiday.*

**HOLIDAY:**

**FULL NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_ **POSTCODE:** \_\_\_\_\_

**TEL NO:** \_\_\_\_\_ **MOBILE:** \_\_\_\_\_

**NAME OF DOCTOR:** \_\_\_\_\_

**ADDRESS OF DOCTOR:** \_\_\_\_\_

\_\_\_\_\_ **TEL NO:** \_\_\_\_\_

**1. Please give full information about your son/daughter's health** that would be helpful for us to know, e.g. is he/she disabled, special needs, having regular injections or drugs, receiving other medical attention or has recently received medical attention? (If your child is asthmatic and needs a special pillow, please provide one).

\_\_\_\_\_

\_\_\_\_\_

**2.** Does your child suffer from any allergies? Please state.

\_\_\_\_\_

**3.** Is he/she vegetarian or on a special diet? If so, please give details below. (i.e. gluten free etc)

\_\_\_\_\_

**4.** If your child needs medicine e.g. paracetamol, will you allow it to be given under adult supervision? **YES**  / **NO**

**5.** When was the last tetanus injection given? 3 years  5 years  10 years  Never

Was the primary course and booster tetanus completed? **YES**  / **NO**

**6.** Has your child had a Meningitis C injection? **YES**  / **NO**

**7.** Please give your son/daughter's National Health Service No: \_\_\_\_\_

**8.** In an emergency, and if I am not contactable, I am willing for my child to receive hospital treatment, including an anaesthetic. (NB: The leader of the activity would always try to contact you in the first instance.) I certify that my child is not receiving medical attention or taking pills (except as already stated) and is physically fit and able to take part in all the activities of the holiday.

**Signed:** \_\_\_\_\_ **Print name:** \_\_\_\_\_

(Parent/Guardian) *If any illness occurs after having sent in this form, please give written details to your child to bring with them to the holiday.*

PLEASE NOTE: We ask parents not to encourage young people to bring any medicines (including paracetamol) unless they have a specific prescription. Any medication brought will need to be handed in to the First Aider at the start of the holiday for safe storage. Basic medicines will be available from the First Aider at the holiday.

**If you are away from home during the holiday:**

Address where you will be during the period of this holiday. If you will be travelling, please give the name and address of a neighbour / relative who could be contacted in case of emergency and could look after your child if necessary.

**CONTACT ADDRESS:** \_\_\_\_\_

\_\_\_\_\_ **TEL NO:** \_\_\_\_\_

**LEAVING HOLIDAY SITE:** *(Please Note: This is not applicable to under 12's)*

- I agree that my son / daughter may leave the site unaccompanied by a leader for a short, specified period of time.

**Signed:** \_\_\_\_\_ (Parent/Guardian) **Date:** \_\_\_\_\_