

APPENDIX 2

CAMPS AND RESIDENTIAL HOLIDAYS HEALTH INFORMATION AND CONSENT FORM

Name of Church/Group _____

To be signed by Parent/Carer

Name _____

Address _____

Telephone No _____

Date of Birth _____

Name of Doctor _____

Doctors Tel No _____

National Health No _____

Address where I can be contacted including phone no.

Details of any illness about which the leaders should be aware.

Details of any medication required during the camp (all medication to be labelled correctly and clearly with name and dose needed each day)

Details of any allergies or special diet

Signed

PARENTAL CONSENT

In an emergency and/or if I am not contactable, I am willing for my child to receive necessary hospital or dental treatment including an anaesthetic

YES NO (Please tick)

Signed (parent/or adult with parental responsibility) _____

NB The information part can be completed by a carer. Only those with parental responsibility (e.g. this does not include a foster carer) can sign the consent.