

PC Camp Medical Information Form

Name of Member:.....Branch.....

Date of Birth.....

Dates of Camp being attended: Start..... Finish

Name or Location of Camp.....

Any Allergies – Food:.....

- Medication:.....

- Details:.....

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Other medical needs (eg Asthma, Hayfever etc).....

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Any special information that it would be helpful for the Instructors to know:

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Intended sleeping arrangements for Member attending camp:.....

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Name of adult *living in* who is responsible for duties, and for PC Member overnight whilst at Camp:.....

Relationship to child:.....

Mobile Phone number for above adult:.....

Will this adult be present during the day Yes..... No.....

If No, then name and contact details of the adult responsible for the Member during the day (nominated person MUST in camp during the day).

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Contact details for this adult:.....

Any special dietary needs for attending adult:.....

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I give permission for this person/these persons to act as guardian to my child in my absence, and in the event of any accident I give authority for them to decide on any medical assistance advised by a medical professional at the time,

Signature of parent/legal guardian:.....