

HEALTH DECLARATION FORM

(To be completed by Parent or Guardian)

During his or her stay in Camp the health of your child will be our concern. In order that the best medical attention can be given to your child, should the need arise, we would appreciate it if you could complete this questionnaire. All information will be kept in the strictest confidence.

Child's Name

Date of Birth

Next of Kin (printed)Telephone.....

Name of Address of Family Doctor

.....

.....

Has your child ever had any of the following?

Heart Condition

☐

Fits, Fainting or Blackouts

☐

Severe Headaches or Migraine

☐

Anxiety or Depressive Tendencies

☐

Asthma or Bronchitis

☐

Diabetes

☐

Allergy to any known drugs

☐

Any other allergies (E.g. food)

☐

If the answer is yes to any of the above, please tick the appropriate boxes and give any necessary details.

Is your child on regular medication or does he/she use an inhaler?

YES / NO

(If so, please state name and dosage).

Does your child have any disabilities or medical conditions requiring special care or medication? (If so, please give details.)

YES / NO

Has your child been immunised against Tetanus in the last 3 years?

YES / NO

If there are any changes in the information, or any further information which may be useful to the Camp medical staff, please send details prior to Camp.

In the case of emergency I agree for my child to receive any medical/dental treatment (including anaesthetic if necessary) if it is required – as recommended by a licensed health care provider. In the event of such an emergency happening I understand every effort will be made to contact me (the parent/guardian) using the contact details on the form. Also, I agree that the CCYC Trustees will follow the "Child Protection Policy as required.

Signed..... Parent or Guardian

*If you would like to see a copy of the Child Protection Policy please email ccyc@btinternet.com