



# Health Information Form

This section to be completed by the Trip Leader

Location **Gilwell Park, Chingford Essex**

Dates **Sunday 19<sup>th</sup> June 2011**

Trip Leader **Angela Harwood, Deidre Bell**

Assistant Leaders **Keith Davis, Sue Reid, Bernie Reid, Wayne Brown**

This section is to be completed by the Parent or Guardian of the young person named below. Please answer the following questions as fully as possible. As in the event of your child requiring emergency treatment, it will help the medical authorities in deciding which is the most appropriate treatment to give. (Please complete in BLOCK CAPITALS)

Surname

Date of Birth

Forenames

National Health Service Number

If required, generally available medicines may be given by the Trip Leader?  
Eg. Junior Disprol, Piriton, Calpol etc. Yes  No

Date of last Tetanus injection

Parent/Guardians contact address & phone during the day  
.....  
.....  
.....  
Telephone  
Mobile or other number

Family Doctors Name and Address  
.....  
.....  
.....  
Telephone

I hereby give permission for my child to attend the aforementioned trip to Gilwell. If it becomes necessary for my child to receive medical treatment and I cannot be contacted by telephone or any other means to authorise this, I hereby give my general consent to any necessary medical treatment and authorise the Trip leader named above (or in their absence one of the assistant leaders named above), to sign any document required by the hospital authorities.

I will inform the Trip Leader if any of the information given on this form changes before the event takes place.

Name of Parent/Guardian

Relationship to Young Person

Signature

Date

Overleaf, please give details of the following:-

1. Any Known Infectious Diseases with which Your Child (named overleaf) has been in contact within the last three weeks (e.g. Chicken Pox, Diphtheria, Measles, Mumps, Rubella, Whooping Cough etc.)
2. Any Known Allergies/Sensitivities/Disabilities and details of any known precautions or remedies (e.g. Penicillin, Plasters, Travel Sickness, Asthma etc.)
3. Details of any Medicines/Diets/Treatments currently being taken/followed (including dosage details) & the Specialist and Hospital concerned if appropriate (please include any non prescription preparations, such as cough sweets, herbal medicines). (If your child has to take any medication during the day, please clearly label them with their name and the exact dosage, and hand to the Trip Leader before departure)