

TWGGGS CCF – Visiting the Somme – Date: Various over the October half term period



Name:		Home Phone:	
Date of Birth		Parent name:	
Age		Dates on camp:	
24 hour mobile phone number for emergencies:			

Medical Information – *Strictly confidential*

Details of all ailments, current treatments & medication are required. All medication being taken at the time of attending camp should be declared.

Do you have or ever had any of the following? Please give details:

CONDITION:	Yes / No	COMMENTS:	
Heart or circulatory ailments	Yes / No	Have you ever got chest pain from physical activity?	Yes / No
Heart attack	Yes / No		
Angina	Yes / No		
High Blood Pressure	Yes / No		
Heart Failure	Yes / No		
Respiratory ailments / disease	Yes / No	Do you ever feel Short of breath?	Yes / No
Asthma	Yes / No	Have you ever had hospital admission for asthma?	Yes / No
COPD (emphysema)	Yes / No	Are you on oral steroids for your chest condition?	Yes / No
Epilepsy / seizures	Yes / No	Have you ever had episodes of fainting / collapse?	Yes / No
Diabetes	Yes / No	Tablet controlled or insulin controlled?	
Blood clot to Lung / leg (PE / DVT)	Yes / No		
Gastro-intestinal ailments(stomach)	Yes / No	Dietary Requirements? (please circle or add specifics)	
Stroke / Trans-ischemic Attack	Yes / No	Halal	
Joint / limb ailments	Yes / No	Kosher	
Dermatology (Skin) ailments	Yes / No	Gluten Intolerant	
Do you take Blood thinning medication? (e.g. aspirin/ warfarin)	Yes / No	Vegetarian	
Are you Pregnant	Yes / No	Vegan	
Hospital admissions in 6 months	Yes / No	Other	
Had surgery in last 12 months	Yes / No		
Drug Allergies	Yes / No		
Food / Other Allergies	Yes / No		
On ANY medication	Yes / No	Name:	Dose: Times a day:

Details of any other ailments or medication or dietary requirements: (Please use the reverse if more space is needed)

I give permission for my child _____ to attend the activity in **Visiting the Somme** as part of TWGGGS CCF that will be held on ___October half term 2018___ and the phone number I have supplied is a reliable method of contacting me if my child should need emergency medical attention or need to be transported home. I understand that first aid will be administered if necessary and staff may need to take my child for emergency care in case of a serious accident or incident. While I give permission for this action, I know I will be informed at the earliest possible convenience.

I enclose the required fee for this exercise £40 made out to TWGGGS CCF. This will be given to Major Reynolds as soon as possible to confirm my place and my commitment. I have read the information on the website concerning this overseas trip.

Parent Signature _____ Date _____