



<b>Name:</b>		<b>Home Phone:</b>	
Date of Birth		Parent name:	
Age		Dates on camp:	29-6 July

**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	Have you passed the Military Swim Test?	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?	Yes/ No
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		
My Doctor’s name and contact surgery number is		Surgery: Name of Dr:	
On ANY medication	Yes / No	Name:	Dose: Times a day:

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

I give permission for my child \_\_\_\_\_ to attend the activity above as part of TWGGGS CCF. The phone number 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. 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.

A kit list will be put up on the CCF so cadets will be able to pack appropriately. Cadets will leave for camp at 1300 on 29 June and will be back at TWGGGS close to lunch time on 6 July. They will contact you on the day to give you an up to date ETA.

I enclose the required fee for this exercise \_\_\_\_\_ £75 \_\_\_\_\_ made out to TWGGGS CCF.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_