

TWGGS CCF: Competition – Brompton Barracks Open Day **Date: 15 May 2019**



Name:		Home Phone:	
Date of Birth		Parent name:	
Age		Dates on camp:	15 May 2019

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	Has your child completed the Military Swim Test?	Yes / No
Angina	Yes / No	Would you classify your cadet as a swimmer?	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: (Please use the reverse if more space is needed)

I give permission for my child _____ to attend the activity above as part of TWGGS CCF 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.

Cadets will need to be at TWGGS in full uniform (including smock) with a named waterbottle and snacks along with a daysack, by 0630. Please ensure all cadets have had a good breakfast before they arrive – it is a long and exhausting day. We hope to be back at school by 1900 but your cadet will contact you with an up to date ETA once the group are on the road home.

A meal will be provided at lunchtime. Please be mindful of the weather forecast prior to this day and make sure that sunscreen is worn.

Enclosed the required fee for this exercise ___£5___ made out to TWGGS CCF to confirm my child's place on this trip.

Parent Signature _____ Date _____