

Camp: TWGGS CCF Leadership Camp - Crowborough – Date: 18-20 Jan 2019



Name:		Home Phone:	
Date of Birth		Parent name:	
Age		Dates on camp:	18-20 Jan
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 **Crowborough** as part of TWGGS CCF that will be held on **18-20 Jan 2019** 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 leave school at 1500 on Friday and will be back at TWGGS on Sunday afternoon – approx. 1200. – They will confirm by phone.

I enclose the required fee for this exercise **£5** for helpers who will be used in classes and have their own instruction during the weekend too/ **£20** for those doing their MOI (Year 11s and those Year 12s who have not attended leadership previously) made out to TWGGS CCF. This will be given to Major Reynolds as soon as possible to confirm my place and my commitment.

Parent Signature _____ Date _____