

Camp: Range Day- Longmoor Date: 11 and or 12 May 2019



Name:		Home Phone:	
Date of Birth		Parent name:	
Age		Dates on camp:	11 and or 12 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		
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: (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 that will be held on _11 or 12 May (please indicate)___ 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 leave TWGGS with a packed lunch and water bottle at 0700 on both days. They should be back at TWGGS approximately 1800 each day but they will confirm timings on the return trip. They should pack some snacks throughout the day and as there is quite a lot of waiting time on a range, they could also bring some revision work to read over if they wanted to do this.

Your cadet must ensure they have a current wht – in order to fire on the either of these days.

I enclose the required fee for this exercise is £5 per day (depending on what trips your cadet has signed up for) made out to TWGGS CCF.

Parent Signature _____ Date _____