

TWGGS CCF – RMAS (Sandhurst) Officer Insight Day – 10 April 2019



Name:		Home Phone:	
Date of Birth		Parent name:	
Age		Dates on camp:	10 April 2019
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 at **Sandhurst** as part of **TWGGS CCF**, departing TWGGS at **0700** and returning by approximately **1800** Cadets will ring you when they are about 30 mins from school.

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.

Please return this form with a cheque for **£10** made out to **TWGGS CCF** to secure a place on this trip. Your uniformed cadet will need packed food for the whole day and a water bottle she can refill.

Parent Signature _____ **Date** _____