



Cadet Name:		Reliable Home Phone:	
Date of Birth and present age		Parent name:	

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 the above dates. 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.

Year 10 and above cadets will leave school at lunchtime on Friday and need a packed lunch, wash kit, sleeping bag, pillow case and warm CCF clothing. They should be ready for pick up on Sunday afternoon approximately 1400 but they will confirm on the day. They will be supervising younger cadets through part of the weekend and will hopefully get the opportunity to go on Saturday or Sunday down to Lydd to shoot on a range on one of those days. This will be confirmed once we get an idea of the numbers of older cadets who are volunteering. Priority will be given to Year 10 cadets for range shooting. If selected, you cadet will travel to Lydd with CCF staff and then be returned to Crowborough on Saturday but on Sunday they will return to TWGGS. They may be back slightly later if they shoot on a Sunday. Any further questions, please contact Major Reynolds on 01892 520 902 x 239.

I enclose the required fee for this exercise £5 made out to TWGGS CCF.

Parent Signature _____ Date _____