Don District Beaver Sleepover & Trip
MEDICAL FORM

This section to be filled in by Camp Leader

Camp/Holiday **Pilley Welfare Hall / Cannon Hall Farm**	Dates:- 24th / 25th March 2017
Camp/Holiday Leader Sylvia West	Assistant Camp/ Leaders Margaret Siddall, Matt Hardman

This section is to be completed by or for the person named below. Please answer the following questions as fully as possible. (Please complete in BLOCK CAPITALS)

Surname	Date of Birth
Forenames	

Next of kin's details during the camp …… …… Post Code: …… Telephone: Mobile:	Family Doctors Name and Address …… …… …… Telephone:

Please read each question and tick YES or NO as appropriate	**Y**	**N**
Has the person named above been in contact with any contagious or infectious disease within the last 3 weeks? If YES give details:		
Has the person named above suffered from any recent illness? If YES give details:		
Does the person named above have any known Allergies / Sensitivities / Disabilities / Medical Conditions. e.g. Penicillin, Food Colourings, Bed-wetting, Period Pains, Asthma etc Give details AND any known precautions or remedies:		
Does the person named above suffer from diabetes, migraine, epilepsy or any other illness or disability? If YES give details:		
Is the person named above currently taking any medication? If YES give details:		
Is the person named above receiving any medical treatment at present? If YES give details:		
Does the person named above any special dietary needs? If YES give details:		
Please indicate which of the following common medicines could be administered if required at camp. (dosage appropriate to age)		
Paracetamol		
Ibuprofen		
"Savlon" or similar Antiseptic Cream		
Antihistamine Cream		
Plasters		
Is there any other information of which we should be aware? If YES give details:		

Continue overleaf for any of the above…

Emergency Permission

I authorise the named Scout Leader in charge or a member of the First Aid team to give permission for the named person, to receive medication, any emergency dental, medical or surgical treatment including anaesthetic, as considered necessary by the medical authorities present.

Signature	Date