

# Theme Park Camp 2018

## Health and permission form

For admin use only

A completed copy of this form must be handed in at reception for each participant, including leaders. The form will be kept at reception for the duration of the camp in case of an emergency. It will be destroyed at the end of the weekend.

### Section A: Camp information

Camp: Theme Park Camp  
Dates: Fri 7<sup>th</sup> – Sun 9<sup>th</sup> Sept 2018  
Campsite: Polyapes Campsite, Stoke  
D'Abernon, Cobham, Surrey  
Camp leaders: Ian Wilkins & Neil Peerman

### Section B: Group information

Group name: \_\_\_\_\_  
Group leader: \_\_\_\_\_

### Section C: Personal information

First name: \_\_\_\_\_  
Surname: \_\_\_\_\_  
Date of birth: \_\_\_/\_\_\_/\_\_\_\_\_  
NHS number: \_\_\_\_\_  
Date of last tetanus injection: \_\_\_/\_\_\_/\_\_\_\_\_  
Home address: \_\_\_\_\_  
\_\_\_\_\_  
Home phone: (\_\_\_\_\_) \_\_\_\_\_

### Section D: Permission

Participants under the age of 18 on 7<sup>th</sup> Sept 2018 must get section D1 filled out by a parent or guardian, section D2 can be ignored. Participants over 18 can ignore D1 but must sign section D2.

### Section D1: Parental permission to camp

I hereby give permission for my child to attend the Theme Park Camp. If it becomes necessary for my child to receive medical treatment and I cannot be contacted by phone or any other means to authorise this, I hereby give my general consent and authorise the camp/group leader named above to sign any document needed by medical personnel.

Name: \_\_\_\_\_  
Relationship to young person: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_ / \_\_\_ / 2018

### Section D2: Permission by participant

I declare that I am over 18 years of age and, should the need arise, give my general consent to the camp/group leader to sign any documents needed by medical personnel.

Signature: \_\_\_\_\_  
Date: \_\_\_ / \_\_\_ / 2018

### Section E: Medical information

Doctor address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Doctor phone: (\_\_\_\_\_) \_\_\_\_\_

Allergies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Disabilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical treatment currently being taken/followed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please continue on the back of this sheet if you need more space. Tick here  if you have done this.