

Theme Park Camp 2019

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 13th – Sun 15th Sept 2019
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 13th Sept 2019 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: ___ / ___ / 2019

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: ___ / ___ / 2019

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.