



Individual participant parental consent form



I give permission for _____ to attend Slip Sliding Away Winter Camp at Bradley Wood Campsite from 15th to 17th of February 2019.

Does your child have to take any medication? (If yes, please give name of medicine / pill and exact dosage overleaf)	YES	NO		
Does your child have any special needs? (If yes, please give details overleaf)	YES	NO		
Does your child have any allergies e.g. Penicillin, elastoplasts etc?	YES	NO		
Does your child have any particular dietary requirements?	YES	NO		
Does your child suffer from:				
Asthma	YES	NO	Travel sickness	YES NO
Epilepsy	YES	NO	Diabetes	YES NO
Any other health problems or disabilities _____ (If yes to any of the above please give details overleaf)				
Do you agree to give our first aid officer permission to administer, as required?				
Paracetamol tablets	YES	NO	Calpol	YES NO
Antacid tablets	YES	NO		
Has your child had an anti tetanus injection in the past three years?	YES	NO		
The above named is authorised to participate in:				
Target Shooting	YES	NO		

Personal details

Date of Birth: _____

Name and address of family doctor: _____

 _____ Tel: _____

Home address _____

 _____ Tel: _____

Other contact address (if away from home): _____

 _____ Tel: _____

I will inform you if he has been in contact with any infectious disease within three weeks of the camp. In the event of illness or accident requiring hospital treatment, I hereby give my general consent to any necessary medical treatment and authorise the first aid officer to sign any document required by the hospital authorities, if the delay required to obtain my own signature is considered inadvisable by the surgeon concerned. I will indicate on this form if I am not prepared for the above participant to appear in photographs/video taken during the event for publicity use.

Signed _____ Date _____