

**WILL YOU SURVIVE THE...**



# Participant Health Form

I give permission for the following young person to attend the 'Zombie Winter Camp:

Does the participant take any medication?

If yes, please give details

Yes

No

Does the participant have any special needs?

If yes, please give details

Yes

No

Does the participant have any allergies?

If yes, please give details

Yes

No

Does the participant suffer from any of the following?

Asthma

Diabetes

Epilepsy

Other:

Yes

Yes

Yes

No

No

No

Do you give permission for our First Aider to administer/ give your child the following?

Paracetamol tablets

Calpol

Antacid tablets

Yes

Yes

Yes

No

No

No

Has the participant had an immunisation against Tetanus in the past three years?

Yes

No

I give permission for the above participant to appear in photographs/ videos during the event for publicity use?

Yes

No

**Personal details**

Date of Birth:

Name and address of family Doctor

Phone number of Doctor

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Emergency contact name and address

Home number

Mobile number

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Second emergency contact name and address

Home number

Mobile number

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I will inform you if the participant has been in contact with any infectious diseases within three weeks of the event. 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 agree

Signature of Parent/ Guardian

Date: