



Milton Keynes Summer Camp

www.mk-camp.com

SURNAME:
Christian name:

The Boys Brigade
Feldon Lodge
Hemel Hempstead
Hertfordshire

The Girls Brigade E & W
Foxall Road
Didcot
Oxfordshire

PARENTS CONSENT FORM / HEALTH FORM FOR CAMPS AND HOLIDAYS

(Please return to Officer-in-charge by 9th July 2010)

PART A (To be filled in by Brigade)

Company/Battalion/District	MILTON KEYNES GB DISTRICT/BB BATTALION
Activity or event	2010 SUMMER CAMP
Venue	NEW MILTON, HAMPSHIRE
Dates	24TH JULY TO 6TH AUGUST 2010 (maximum)
Officer-in-charge	MR DAVID WRIGHT

PART B (To be filled in by the parent or guardian)

Full name of boy/girl

Date of birth

Permission:

I give my permission for him/her to attend and take part in the activities or event in Part A. I understand that in the event of any illness or accident every effort will be made to contact me, but if this is not possible I authorise any officer to sign on my behalf any written form of consent required by medical authorities if the delay required to obtain my own signature is considered inadvisable by the doctor/surgeon concerned.

Medical details

Name and address of
 boys/girls doctor
 Doctor's telephone number
 National Health Service number

Has your child any history of the following or any other serious recurring illnesses (please tick yes or no):

	Yes	No		Yes	No
Hayfever	<input type="checkbox"/>	<input type="checkbox"/>	Eczema	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Head injury	<input type="checkbox"/>	<input type="checkbox"/>
Headaches/migraine	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
Recent soft tissue injuries	<input type="checkbox"/>	<input type="checkbox"/>	Recent fractures	<input type="checkbox"/>	<input type="checkbox"/>
Recent dental extractions	<input type="checkbox"/>	<input type="checkbox"/>	Recent dental abscess	<input type="checkbox"/>	<input type="checkbox"/>
Recent course of antibiotics	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>

Please give details of any item to which the answer is yes:

.....

Does his/her health require special care or supervision or restrict his/her activity in any way?

If yes, please give details :

.....

Has your child been away from home before? Yes/No *

Details of medicine/diet/treatment which is being taken/followed :

.....
.....
.....

Is your child a vegetarian ? Yes/No *

Does he/she have any known allergies or sensitivities (eg penicillin)? If yes give details:

.....
.....
.....

In case of need I give permission for my child to be given appropriate medication Yes/No*

Please indicate any specific medication you do not wish your child to receive

.....

Has he/she been immunised against tetanus within the last 10 years? Yes/No *

Date of last tetanus injection

Do you give permission for your son/daughter to bathe? Yes/No *

Can he/she swim? Yes/No * Please state distance

Has your child been in contact with any infectious disease within the last three weeks? If yes, please give details. Yes/No *

.....

I agree to notify a camp officer if my child is in contact with an infectious disease between completion of this form and the commencement of camp.

(* please delete as appropriate)

I certify that to the best of my knowledge, the information given above is correct.

Name (please print) _____

Signed Date
(Parent/guardian/person with parental responsibility)

During the event my address will be:

Dates from to

Home address:
.....

Telephone

Dates from to

Holiday address:
.....

Telephone