

Office Use Only**CAMPDOWNE 2008**
International Scout & Guide Camp**New Horizons**Downe, Kent, UK
24th July - 2nd August

Please write clearly in black pen and complete ALL sections on both sides of this form. Information detailed on this document will be held in accordance with UK law regarding the Data Protection Act, with access being granted to authorised staff only.

Contingent Name: _____

Contingent Leader Name: _____

Full Name: _____ Age at CD08: _____

Date of Birth: _____ Religion: _____

National Health No.: _____ Nationality: _____

Have you had a Tetanus injection in the last 10 years?: Yes / No - Date: _____

Do you have any medical conditions such as the following:

Diabetes: Epilepsy: Asthma: Heart Conditions: Penicillin Allergy:

Other Allergy: _____ Other: _____

Details of any prescribed medication/diets/treatments currently being taken/followed (including dosage details) and the Specialist and Hospital concerned if appropriate (please include any non prescription preparations, such as cough sweets, herbal medicines):

Generic or Brand Name

Dosage Details

_____	_____
_____	_____
_____	_____

Dietary requirements - Vegan: Vegetarian: Gluten Free: Wheat Free: Nut Allergy: Cultural: _____ Other: _____

My Doctor's Name: _____

Address: _____

_____ Tel: _____

My Next of Kin Name: _____ Relationship: _____

Address: _____

_____ Day Tel: _____

Eve Tel: _____ Mobile: _____

*Continued Overleaf...***Admin Information Contact:**

Ruth Jewell on +44 (0)1959 572 121, fax on +44 (0)1959 572 853,

e-mail info@campdowne.org or visit the message boards at www.campdowne.org

Emergency Permission -

I give permission for a First Aider to give treatment for any illness or injury during Campdowne 2008. I also give permission for any First Aider / Authorised Leader to give consent for and necessary Hospital Medical treatment provided reasonable attempts have been made to contact the next of kin.

Full Name: _____ Date: _____

Signed: _____ Relationship: _____

This must be signed by the parent or guardian if the participant is under 16 years of age during the duration of Campdowne 2008 or by the participant if over 16 years old.

Statement of Medical Insurance (For overseas contingents only) -

I have made adequate provisions to cover all medical costs incurred in the UK. Please ensure the policy is in the participants possession.

Insurance Company: _____ Policy No.: _____

Signed: _____ Date: _____

Print Name: _____

Medication Available on site -

The following may be available from the Red Cross team, please indicate which Can and Cannot be used. Dosages will be in accordance with the manufacturers/suppliers recommended dose.

- Paracetamol (i.e. Calpol) Yes / No
- Ibuprofen (not for asthmatics) Yes / No
- Chlorphiramine (i.e. Piriton) for allergies Yes / No
- Simple Linctus (cough mixture) Yes / No
- 1% Hydrocortisone Cream (for bites, not on faces) Yes / No
- Insect Bite Cream (i.e. Waspeze, Anthisan) Yes / No
- Calamine Lotion (for sunburn, nettle rash) Yes / No

I give permission for the above to be used as indicated.

Signed: _____ Date: _____

Print Name: _____

Participants are expected to bring their own suncreams/block/moisterisers. we request that participants who wear glasses, bring a spare pair if possible.

Medical History -

Please indicate below any medical history that we should know about, particularly any current treatment or any investigations in the last 6 months, or any surgery that has been carried out.

By ticking this box and submitting this form you confirm the information contained is correct.