

Office Use Only

CAMPDOWNE 2008
International Scout & Guide Camp

New Horizons



Please write clearly in black pen or fill in and submit via e-mail. Please complete ALL sections on both pages 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.

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 Condition: _____

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):

<i>Generic or Brand Name</i>	<i>Dosage Details</i>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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: _____

Staff Health Form

Continued Overleaf...

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 person is under 18 years of age (i.e. Staff children) during the duration of Campdowne 2008 or by the staff member if over 18 years old.

Statement of Medical Insurance (For overseas staff 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.