

General Health Form

Name _____ Date of Birth _____

Address _____

_____ Telephone _____

During the event you can contact me at _____

Telephone numbers _____

Name of Family Doctor _____ Address _____

Telephone _____ National Health Number _____

Please give details of any allergies or medical conditions _____

Date of Last Tetanus _____ Please give details of any medicines

currently being taken _____

If it becomes necessary for my child to receive medical treatment and I cannot be contacted by telephone or any other means to authorise this. I hereby give my general consent to any necessary medical treatment and authorise Yvette Billings, the Camp Leader or George Drummond the assistant camp leader to sign any document required by the hospital authorities.

Name of Parent _____

Signature _____ Date _____