3rd Buxton Harpur Hill Cub Scout Pack
Health Information

Camp/Holiday/Event Location:	**Date From – To:**
Orchard Farm, Waterhouses.	22nd – 24th February 2008
Camp/Holiday/Event Leader:	**Assistant Camp/Holiday/ Event Leaders:**
Lesley Musgrove	Jim Fearns, Chris Haslett

Participant	**In an emergency you should contact**
Surname_____	Name_____
Forenames_____	Relationship_____
Address_____	Address_____
Date of Birth_____	Daytime phone number_____
National Health Number_____	Evening phone number_____
	Mobile_____

Family Doctor	**Alternative emergency contact**
Name_____	Name_____
Practice_____	Relationship_____
Address_____	Address_____
Phone number_____	Daytime phone number_____
	Evening phone number_____
	Mobile_____

Additional Information	**Details of any medicines / treatments currently being taken.**
Any dietary Requirements_____	Medication_____
Allergies_____	Dosage_____
Disabilities_____	Frequency_____
Medical Conditions_____	Hospital_____
	Specialist_____

The camp/holiday leader (or in their absence one of the assistance may administer the appropriate minor treatment/precautions	**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 medical treatment and authorise the camp/holiday leader (or in their absence one of the assistant leaders) to sign any documentation required by the hospital authorities.**
Paracetamol yes / no Calpol yes / no Antiseptic lotion / cream yes / no Iburofen yes / no Any other treatment deemed by a First Aider yes / no	**Signed**_____ **Date**_____

Detail overleaf any additional information not covered above.