

Please provide details of other medication being taken and what it is being taken for (continue on extra paper if you need to).

Is he able to keep and take this medicine without supervision? YES/NO
(We can keep and control your son's medication if you would like.)

Please give details of any dietary requirements, allergies to medicines, plasters or foods.

Please give details of any other information that a doctor or hospital may need in the event of illness on extra paper. E.g. injuries or major illnesses in last 2 years

Date of last tetanus injection:

If you would like to discuss any medical matters, contact Peter Jeffrey on 01483 574063.

- I accept the booking conditions and give permission for my son to attend Summer Camp 2010.
- I confirm that it is acceptable for my son to be given Paracetamol and plasters if necessary.
- In an emergency, if I cannot be contacted despite all reasonable attempts to do so by the leaders, I give permission for my son to undergo medical/dental treatment including the use of anaesthetics as considered necessary by the medical authorities
- I understand that the leaders will take all reasonable care in the running of camp, but I acknowledge the possibility that my son may, for a short time, be out of sight of a leader. I understand that personal accident insurance is my responsibility and that the leaders cannot be held responsible for any loss, damage or injury suffered by my son arising from camp.
- I agree to pay any outstanding balance by the 16th July 2010.
- **I confirm that, to the best of my knowledge, the details on this form are correct and I recognise that it is my responsibility to notify the camp organiser (Mike) if any of the details on this form change prior to camp.**

Parent's signature:

Date: