



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

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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.

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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:

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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 2011.
- By applying for camp I ask for my son to become (if not already) a member of Urban Saints Guildford.
- 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 15 July 2011.
- **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:

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Date:

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