



Health Form

Attendee No.

Please write clearly in black ink and complete both pages. Delete(*)as appropriate

NOTE: This information will be held in confidence.

Members aged 16 or over may complete the form themselves: for girls under 16 the form should be completed by the parent or carer.*

Surname.....
First Names.....
Address.....
Postcode.....
Date of birth.....

*Are you/is she allergic to anything? (Antibiotics, any particular food or medication etc.) *YES/NO
If YES, please give details.....
.....
.....

*Are you/is she receiving any medical treatment at present? *YES/NO
If YES, please give details. Please also give details of any pills, medicines etc.....
.....
.....

Does she administer her own medication? YES/NO

*Do you/does she have any faith or cultural needs e.g. dress, diet, holy days, toilet arrangements? *YES/NO
If YES, please give details.....
.....

In an emergency you should contact the following person:

Name.....
Relationship.....
Address.....
Postcode.....
☎ daytime..... ☎ evening.....
☎ mobile.....
Alternative emergency contact
Name.....
Relationship.....
Address.....
Postcode.....
☎ daytime..... ☎ evening.....
☎ mobile.....

For members aged under 16

The additional sheet attached must also be completed and signed.
Medication required should be given to the Guider-in-charge, or the First Aider, clearly marked with name and full instructions for use. Inhalers and epipens should be retained by the participant. Spare inhalers/epipens given to the First Aider.

Family doctor: Name.....
Address.....
Postcode.....
☎ daytime..... ☎ evening.....
Date of anti-tetanus.....
Hospital consultant if applicable:
Name.....
Hospital.....
Reg no. ☎

EMERGENCY PERMISSION

I authorise a designated First Aider at Caledonia 2010 Camp to give permission for my child to receive medication as instructed above and any emergency dental, medical or surgical treatment, including anaesthetic, as considered necessary by the medical authorities present.

*Do you/does she suffer from asthma, chest complaint, wheezing or hay fever, migraine, fits or faints, bad period pains, diabetes, nervous disorders, any other illness or disability? *YES/NO If YES, please give details.
.....
.....

I undertake to notify the First Aid Co-ordinator of any changes to the details provided and to advise her if my daughter/I is/am in contact with any infectious illnesses within one month of camp.

*Do you/does she have any additional needs? *YES/NO
If YES, please give details.....
.....
.....

Signed.....
Parent/carer* Date

Signed.....
Member (if aged 16 or over) Date

Please help us to look after your daughter by filling in this form with as much detail as possible.
If necessary, you can provide additional notes on a separate sheet.

*or other adult with parental responsibility

Please, **TICK here if an additional sheet is attached**



Health Form - page 2

Please write clearly in black ink and complete both pages.

Name: Attendee No.....

Below is a list of the first aid items and remedies which will be available at camp.

Please cross out any item which you do not want to be used on your daughter* (or you) and sign the form at the bottom.

<u>Plasters, dressings etc.</u>	<u>Remedies</u>
Fabric Plasters (zinc oxide)	Paracetamol
Washproof blue catering plasters	(tablets/liquid/fast melt headache/fever - age 6 plus)
Micropore tape	Anthisan cream (insect bites/nettle rash)
Hypo allergenic plasters	Arnica cream (bruises)
Melolin wound dressing pads	Blisteze (cold sores/sore lips)
Steri-strips	Throat lozenges
Gauze	Indigestion tablets/liquid (age 10 plus)
Assorted bandages and wound dressings	Vapour rub (decongestant)
Sterile eye pad	Campers should bring their own:
Sterile saline (wound/eye wash)	• sun lotion
Other:	• after sun
Plastic gloves	• insect repellent
Antiseptic wipes	

You may, if necessary, provide an alternative to one of the items above, which should be clearly labelled and handed to the Sub-Camp First Aider.

- I approve the list of first aid box contents above for use, if a First Aider considers it necessary, on my daughter*.
- I agree that for the safety of everyone, all medicines (prescription, painkillers and other pharmacy items) will be labelled with my daughter's* name, medication dose and frequency of use, and handed to the Sub-Camp First Aider.

If your daughter* needs asthma relief inhalers/epipen, they should keep these with them, and give spares to the Sub-Camp First Aider.

If any health information or emergency contact details change before camp please bring a note of the changes to camp and hand it in at Registration.

Signed..... Date.....
[Parent/Adult with parental responsibility]

Please sign both pages of the Health Form and return it to:-
Scottish Centenary Camp, Girlguiding Scotland, 16 Coates Crescent,
Edinburgh EH3 7AH
by 31st May 2010.

*or ward

Caledonia 2010, the Scottish Centenary Camp is organised by Girlguiding Scotland
Scottish Charity No SC005548