

*Please complete and post ASAP to
WhitCamp Medical Officer, 119 Bridport Road, Dorchester, DT1 2NH*

WhitCamp Medical Form 2019

On every Urban Saints Holiday there is an adult responsible for first aid (normally a qualified First Aider, Doctor or Nurse). Your completed form will be held by this person and only shared with medical professionals when appropriate. In order for them to be able to do this effectively, it is essential that this form is **completed in full**.

Unless you are over 18 years old this form should be completed by a Parent or Guardian.

Please use the back of this page if you need space to write more.

About the person attending camp:

Surname:	First name:
Date of birth:	NHS number:
Date of last tetanus injection/booster:	
Name, address & phone number of family doctor/surgery:	
If there are any reasons why the applicant should not swim or take part in any physical activity please give details:	

Food allergies:
Any other dietary requirements:

If there are reasons why normal treatments should not be given please give details (e.g. allergies or objections to medicines):
Special health care requirements (include any other allergies):
Details of any significant injuries or major illnesses in the last 2 years:

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If any drugs or medication will be taken please give details (see note):

NOTE: Please ensure that ALL medicines are clearly labelled with the applicant 's full name.

Everyone on camp is generally responsible for looking after their own medicines unless we are advised to the contrary. If you wish the camp leaders to supervise the taking of any medicines please give details, including dosage and frequency:

I give staff permission to administer:

– adhesive plasters for minor cuts and grazes	YES/NO
– paracetamol	YES/NO

Emergency contact details during the holiday (we require two):

EMERGENCY CONTACT ONE

Full name:

Street address:

Town/City:

Phone (e.g. Home):

Phone 2 (e.g. mobile):

EMERGENCY CONTACT TWO

Name:

Street address:

Town/City:

Phone (e.g. Home):

Phone 2 (e.g. mobile):

To be signed below ONLY by...

- the applicant if over 18 years old

- a parent or other adult with parental responsibility:

In an emergency, if I cannot be contacted despite all reasonable attempts to do so by the holiday staff, I give permission for my son to undergo emergency medical/dental treatment including the use of anaesthetics as considered necessary by the medical authorities.

**Where the applicant
is under 18**

YES/NO

Signed:

<< All applicants

Date:

Your name written clearly in capitals: