

This section to be completed by the Camp/Holiday Leader

Camp/Holiday Location:

From	To
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Camp/Holiday Leader

Assistant Camp/Holiday Leaders

This section (both sides) is to be completed by all persons attending the Camp/Holiday. A Parent or Guardian should complete the form for anyone under 18 years. Please answer the following questions as fully as possible.

(Please complete in BLOCK CAPITALS)

Surname

Date of Birth

Forenames

National Health Service Number (if known)

Home Address & Phone Number

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.....

Emergency Contact During the Camp/Holiday:
This must not be anyone at the camp
Name & Address

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Telephone No(s)

Family Doctors Name and Address

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.....

Telephone

Parental / Guardian's Consent for under 18s only

I hereby give permission for my child to attend the above Camp/Holiday.

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 necessary medical treatment and authorise the Camp/Holiday leader named above (or in their absence one of the assistant camp/holiday leaders named above), to sign any document required by the hospital authorities.

I will inform the Camp/Holiday Leader if any of the information given on this form changes before the event takes place.

Name of Parent/Guardian

Relationship to Young Person

Signature

Date

When completed this form should be returned to the Camp / Holiday Leader named at the top of the page

