

# Longcroft Christian Fellowship Camps & Residential Holiday Health, Information & Consent

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Parent/Carer: \_\_\_\_\_

Tel no: Day \_\_\_\_\_ Eve \_\_\_\_\_ Mobile \_\_\_\_\_

Contact Address (if different from above): \_\_\_\_\_

Name of GP: \_\_\_\_\_ Tel No: \_\_\_\_\_

Address: \_\_\_\_\_

NHS No: \_\_\_\_\_ Date of last anti-tetanus injection \_\_\_\_\_

Details of any illness/disability: \_\_\_\_\_

Details of any medication required during the camp (all medication to be labelled correctly and clearly with name and dose needed each day). Continue on back of sheet if necessary.

Details of any allergies or special dietary requirements

## CONSENT

Whenever medical advice or treatment is needed, the assistance of a GP or A&E Department of a hospital should be sought. The Children Act 1989 allows a doctor to provide any necessary treatment by doing 'what is reasonable in all the circumstances of the case for the purpose of safeguarding or promoting the child's welfare'.

However, the parent/carer should be contacted and advised of the situation as soon as possible. It is important, however that those caring for children and young people on day trips, outings and residential activities obtain in advance from the parent/carer:

1. All necessary information concerning the child/young person's health, allergies, medication etc.
2. Written agreement as follows:

I understand:

- My child will receive medication as instructed before or during the event.
- Every effort will be made to contact me as soon as possible should my child become ill or have an accident.
- My child will be given medical/dental treatment as necessary.

Signed (parent/or adult with parental responsibility) \_\_\_\_\_