



SUMMER CAMP PARTICIPANT MEDICAL RECORD
TO BE COMPLETED BY PARENTS

Please complete this form in BLOCK CAPITALS for the child attending summer camp (one form per child).
Sensitive medical or behavioural information will be held securely and confidentially.

PARTICIPANT NAME:	DATE OF BIRTH (DD/MM/YY):	GENDER: M F	AGE:
MOTHER'S NAME:	FATHER'S NAME:		
TELEPHONE:	TELEPHONE:		

MEDICAL HISTORY *Does your child have any of the following conditions?* **MEDICATION PERMISSION** *Please tick.*

Asthma? Yes No	Paracetamol	Yes	No
Epilepsy? Yes No	Inhaler	Yes	No
Diabetes? Yes No	Epipen	Yes	No
	Short term prescribed medication	Yes	No
	Suncream	Yes	No
Allergies?		Yes	No
To food? Yes No		Yes	No
To medicines? Yes No		Yes	No
To insect bites/stings? Yes No			
To plants/pollens? Yes No			
Other? Yes No			

ANY OTHER MEDICAL CONDITION/DISABILITY:

For prescribed medications please complete the Medication Authorisation Form.

I hereby authorise the camp first aiders or authorised members of the school staff to administer basic first aid treatment to my child.
(please tick) YES NO

In the event my child is injured or becomes seriously ill while attending camp and immediate medical treatment is necessary to preserve my child's health, I authorise the staff member in charge to act on my behalf. I understand that all efforts will be made to contact myself/spouse/emergency contact to advise us of the situation. **(please tick) YES NO**

I will inform the camp leader as soon as possible of any changes in medical or other relevant circumstances. I certify that all information given on this form is complete and correct. **(please tick) YES NO**

Signature of Parent/Guardian: _____ Print Name: _____ Date: _____

"All personal data is stored and processed in line with the ISA Privacy Notice which can be obtained from the ISA website or by contacting the school."