

# Co.Armagh Junior Camp 2011

## **MEDICAL and CONSENT FORM** **PLEASE COMPLETE CLEARLY USING BLOCK CAPITALS**

The following information will be required in the event of a hospital appointment or admission.  
All information is confidential and this form will be destroyed after camp.

Name of camper \_\_\_\_\_

Address of camper \_\_\_\_\_

Phone Number \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_

Next of kin details

GP Details

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone No. \_\_\_\_\_ Phone No. \_\_\_\_\_

Relationship \_\_\_\_\_ Medical card No. \_\_\_\_\_

Can you take aspirin or paracetamol if required? . . . . . YES or NO Please specify which \_\_\_\_\_

When did you last have a tetanus injection? \_\_\_\_\_

Are you allergic to anything? . . . . . YES or NO If yes, what? \_\_\_\_\_

Are you presently taking medication? . . . . . YES or NO  
(If so bring sufficient with you for camp and list full details of medication overleaf)

Have you ever had—an operation? . . . . . YES or NO  
a major accident? . . . . . YES or NO  
a serious sports injury? . . . . . YES or NO

Have you ever had an adverse reaction to an anesthetic?..... YES or NO

Does he/she have any special dietary requirements (eg vegetarian)?..... YES or NO

Do you suffer from—Diabetes? . . . . . YES or NO  
Epilepsy or fainting fits? . . . . . YES or NO  
Any respiratory disorder e.g. asthma? . . . . . YES or NO  
Any heart disorder? . . . . . YES or NO  
Liver problems? . . . . . YES or NO  
Kidney or bladder problems? . . . . . YES or NO  
Migraine headaches? . . . . . YES or NO  
Eye, ear, throat or nose problems? . . . . . YES or NO  
Any skin disorder? . . . . . YES or NO  
Any eating or digestive disorders? . . . . . YES or NO  
Gynecology problems? (females only)... YES or NO

Any other complaint or disorder not listed above? . . . . . YES or NO

If you have answered YES to any of the above questions please give full details overleaf.

I do / do not\* give my consent to any emergency treatment required at camp (\*please delete which)

I do / do not\* give consent for participation in sports and games at camp. (\*please delete which)

I do / do not\* give my consent for photographs of my child to be taken for use in a slide collection or web site from the camp (\*please delete which)

Signed \_\_\_\_\_ (Parent / guardian) Date \_\_\_\_\_

**PLEASE RETURN THIS COMPLETED FORM TO: Mr. Gareth Gwynne 5 Breezemount Manor,  
Hamiltonsbawn, BT61 9SQ**