



Medical & Personal Information Form - Confidential

Protecting Your Privacy

The information we seek allows us to manage risk, and provide reasonable care in our camp. We are careful to keep any sensitive information confidential, and provide it only to team members who need it on camp (e.g. designated first aider) - we will not use this information for other purposes.

Camp name: _____ **Dates:** _____ **201**_____

Camper Contact Details

Personal Name _____ Family Name _____

Preferred Name _____ Male Female Date of Birth: _____

Address _____

City / Town _____

Postcode _____ Phone (H) _____ (M) _____

Email _____

Do you consent to these details being included on a contact list provided to participants? Yes No

Emergency Contacts

In case of an emergency, please list phone numbers where you (parent/caregiver), and at least one other person (a friend or relative), may be contacted **during the course of the camp**.

Name	Relationship	Phones (day)	(night)	(mobile)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Travel Information

• **The camper will travel to the camp** by bus / train / plane / car driven by _____.

Expected arrival (time) _____ on (date) _____ at (place) _____

• **The camper will travel from the camp** by bus / train / plane / car driven by _____.

Expected departure (time) _____ on (date) _____ from (place) _____

Dietary Requirements

Does the camper have any special dietary requirements? Yes No

If yes, please explain:

Medical Information

• Doctor's name: _____ Phone: _____

Our team members **do not** supply medications (e.g. paracetamol). Do you anticipate the camper will need to take **any tablets** or **other medication** during the camp? Yes No

List any medication you are supplying – please ENSURE it is well marked.	Dose / When medication is to be given / Reason for medication.	IF you wish the camper to self-administer medication, you MUST explain below.

Has the camper been taken off medication recently? Yes No

If yes, please give details:

Has the camper previously broken/fractured any bones? Yes No

If Yes, please give details:

What is the year of the camper's last tetanus injection? _____

PTO

Specific Medical Conditions

Please indicate below, if the camper has had any of the following. Provide additional details if necessary.

<i>Condition</i>	<i>In the Past</i>	<i>Present</i>	<i>Condition</i>	<i>In the Past</i>	<i>Present</i>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Hyperactivity	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Hypo activity	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Heart Problems	<input type="checkbox"/>	<input type="checkbox"/>
Fits/Convulsion	<input type="checkbox"/>	<input type="checkbox"/>	Allergy – foods	<input type="checkbox"/>	<input type="checkbox"/>
Faint/Dizziness	<input type="checkbox"/>	<input type="checkbox"/>	Allergy – animals	<input type="checkbox"/>	<input type="checkbox"/>
			Allergy – other	<input type="checkbox"/>	<input type="checkbox"/>

Details (e.g. severity; last injection; treatment)

Are there any conditions requiring special attention that we should know about (e.g. hearing or sight impairment; reading or learning difficulties; ADD or ADHD; behaviour issues; formal counselling situations; other)? Please list below:

Camper Agreement with Capernwray Bible School

- I agree to observe the rules and routines of camp, and to participate in the programme arranged.

Name of Camper

Signature of Camper

Date

Parent / Caregiver Agreement with Capernwray Bible School (if under 18)

- I give permission for _____ to attend the camp.
- I am aware that certain aspects of the programme may be physically and emotionally demanding.
- I understand that certain inherent risks and dangers may exist in the activities in which the camper will take part. I acknowledge that, while Capernwray Bible School and its leaders will make every reasonable effort to minimise exposure to known risks, some hazards and dangers associated with these activities cannot be foreseen or may be beyond the control of Capernwray Bible School and its team.
- In the event of any emergency** where the camper's emergency contact people are unavailable:
 - I authorise the team to obtain medical advice and/or assistance that they deem necessary.
 - I further authorise qualified practitioners to administer anaesthetic if required.
 - I accept all operation, blood transfusion and/or anaesthetic risks involved in the event that such procedures are deemed necessary.
 - I accept the responsibility for payment of any medical, transport or other related expenses.
- I consent to appropriate use by Capernwray Bible School of photographs or video that include the camper (e.g. inclusion in the newsletter, placement on the web page or in a brochure).
- I consent to the camper's personal information being held by Capernwray Bible School for appropriate use within the organisation.
- I confirm that the information given is true and correct, and I will advise the Team Leader promptly of any changes.

Name of Parent/Caregiver

Signature of Parent/Caregiver

Date