

		Confidential WINGS2009 Health Form			Participant ID					
		Please write clearly and complete all sections Unit Member Under 18			Unit ID		1794			
A Person										
Family Name					Given Name					
Home address										
Postal Code					Country					
Date of Birth				Age on 1 Aug 2009		NHS Number				
B In an emergency please contact – please include country code with telephone numbers if outside the UK										
Family Name					Given Name					
Home address										
Postal Code				Country				Day ☎		
Relationship				Night ☎				Mob ☎		
C In an emergency please contact alternative										
Family Name					Given Name					
Home address										
Postal Code				Country				Day ☎		
Relationship				Night ☎				Mob ☎		
D Family Doctor - Complete Hospital sections if currently receiving hospital treatment										
Name										
Address										
Postal Code				Country				☎		
Hospital							☎			
Hospital Patient No						Hospital Consultant				
E Emergency Permission										
I give permission for my child to receive any necessary medical or first aid treatment, for any illness or injury. I also give my permission for an authorised leader/member of staff to give consent for any necessary hospital/medical treatment provided all reasonable attempts have been made to contact me.										
Signature										
Print Name					Relationship				Date	

The information contained in this form will be held confidentially within WINGS2009 in accordance with the Data Protection Act and guidelines issued by GirlGuiding UK and The Scout Association for use with WINGS2009 only by authorised staff members.

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F Allergies					
Is the participant allergic to ANYTHING eg medicines, food, elastoplast ? If YES please give details					YES or NO
G Participants Own Medication List					
Please list ALL medication, regular or occasional, with dosage and storage instructions. It is ESSENTIAL that the participant brings enough regular medication for the duration of the camp, in their original containers, clearly labelled with name, product and dosage details.					
Full generic and brand name			Dosage details (quantity, times of day, storage)		
Family members under 16 should give their medicine to their Unit Leader for safe keeping, however inhalers etc should be kept with the individual, with a spare being given to the Unit Leader.					
I Significant Medical History					
Please indicate below any Medical History we should know about, particularly any current treatment or any treatment, surgery or investigations within the last six months. Please include hospital and surgeon details if appropriate. Has the participant been in contact with any contagious disease within the last two weeks or travelled from a country where any contagious diseases are endemic? If the situation changes after completing this form and prior to the start of WINGS2009 please inform your Unit Leader so that your health form can be updated.					
Date of last Tetanus vaccine					
J Medication Available On Site					
The following medications are available as appropriate in the WINGS2009 Medical Centre. Dosages will be in accordance with the recognised medical recommendation.					
Paracetamol (tablets and elixir) Ibuprofen (tablets and elixir) Chlorphiramine e.g. Piriton (tablets and medicine) for allergies Antacid e.g. Gaviscon, Rennies (tablets and medicine)			Simple Linctus (cough mixture) 1 % Hydrocortisone cream (not on faces) Insect bite cream eg Waspeze, Anthisan Calamine Lotion Loperamide e.g. immodium		
Please write in here any medication which should NOT be given from this list and attach a brief explanation.					
Signature				Print Name	
				Date	
Participants are expected to supply their own sun creams/blocks/moisturisers. We request that participants who wear glasses bring a spare pair if possible, participants who wear contact lenses must bring sufficient supplies.					