

The Great Avon Adventure Jamboree 2016 – 27th – 30th May

This form is to be completed by everybody attending the Camp (including the Leaders!). If the person named is under 18, then the Parent or Guardian must sign the form. Please answer the following questions as fully as possible. In the event of you requiring emergency treatment, it will help the medical authorities in deciding which the most appropriate treatment to give is. (Please complete in BLOCK CAPITALS using a BLACK pen)

Jamboree Camp Chief: Ann Parker	Jamboree Deputy Camp Chief: David Miles	First Aid Team:
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Participant is: YP under 18 years Adult

District, Group & Section

Surname.....

Forename.....

Address

..... Post Code

Date of Birth

National Health Number

Family Doctor's Name and Address

G.P. Name

G.P. Address.....

.....

.....

..... Post Code

G.P. Tel:

In an emergency you should contact the following person

Name.....

Relationship

Address

.....

..... Postcode.....

☎Daytime

☎Evening/Night

☎Mobile.....

Alternative emergency contact

Name.....

Relationship

Address

.....

..... Postcode.....

☎Daytime

☎Evening/Night

☎Mobile.....

In the space overleaf please give details of the following (* or continue & attach a separate sheet if necessary):

- Any known infectious diseases with which the participant (named above) has been in contact within the three weeks prior to Camp (e.g. Chicken Pox, Diphtheria, Measles, Mumps, Rubella, Whooping Cough etc.) **You must update your Leader if this changes please.** * YES / NO
- Any known allergies / anaphylaxis / sensitivities / disabilities and details of the precautions or treatments (e.g. Penicillin, wasp/bee stings, etc.) * YES / NO
- Details of any medicines/treatments currently being taken (including dosages) & the specialist/hospital concerned if appropriate. If you have to take any medicines (18 years and under), the bottle/packets, or other items should be clearly labelled with your name and the exact dosages/times and handed to your Leader in their original packaging) * YES / NO
- Does the participant suffer from asthma, chest complaints, wheezing or hay fever, migraine fits or faints or any other illness or disability (If YES, please give details overleaf) * YES / NO
- Date of last Tetanus injection

