

MOORLAND HALL LTD

MEDICAL FORM

This form must be completed by a Parent or Guardian and either sent back to us or taken to the Camp on the first day.

Surname Christian Name

Sex (Male/Female) Age Date of Birth

Address

.....

Tel No Alternative Telephone (in emergency).....

Next of KinLevel of English spoken by next of kin

Family Doctor Telephone No

Has your child had any communicable disease in the last three weeks?

If yes, please give details about disease and when exposed

Has your child had any recent operations or injuries?

If yes, please give details

Has your child had a tetanus injection in the past ten years?

Please state any allergies.....

Is your child currently taking any medication?

Any special dietary requirements

Any other medical problems we should be aware of

Any other information you feel we should know to assist us in looking after your child?
(i.e. likely to feel homesick, first time away from home, etc.).....

Can your child swim 25 metres?

Do you give permission for Moorland Hall Ltd staff to act in loco prentice to give basic medication if necessary? Yes.....No

Do you give permission for a child over 12 years to have unsupervised time on day trips? Yes... No.....

Photographs may occasionally be taken and used in our brochure. Please confirm if you are agreeable to your child/children being photographed? Yes..... No

Signed Date