



# Health Form

<b>Participant's Name</b>		<b>Date of Birth</b>	
---------------------------	--	----------------------	--

## Health & Special Requirements

Name and Address of family Doctor	
-----------------------------------	--

### I give permission for my child to receive the following medication where required

Paracetamol	YES/NO	Ibuprofen	YES/NO
-------------	--------	-----------	--------

### Please let us know if your child has any of the following

Vegetarian / Vegan		Allergies		Travel Sick	
Special Diet		Health Issues		Behavioural Issues	

### Please provide further information if required

--

### Please give details of any medication your child will bring with them

*(name of medication, reason for use, how often is it required)*

--

### Any other Information you think may help us?

*(it is important we know about any medical conditions in case they become unwell)*

--

### Please sign this form, so that, in an emergency we can pass this information on to health services.

<b>Signed</b>		<b>Date</b>	
---------------	--	-------------	--

Please state your relationship to the young person	
--	--