

The Camping and Caravanning Club

CONFIDENTIAL

EMERGENCY MEDICAL TREATMENT CONSENT FORM / CONSENT TO CAMP FORM



The completion of PART A of this form will give authority to the Youth Leader, or Party Leader, to sign on your behalf any papers needed by a doctor or medical authority in the event of your son, daughter, ward or child for whom you have responsibility, requiring emergency medical / hospital treatment.

- PART A** Must be completed by all parents or guardians whose children are not yet 16 years of age
- PART B** Must be completed by all parents or guardians whose children intend to take part in Camping and Caravanning Club CCY events
- PART C** Must be completed by all parents or guardians whose children intend to take part in Camping and Caravanning Club CCY events
- PART D** May optionally be completed by parents or guardians whose children intend to take part in Camping and Caravanning Club CCY events

PART A - only required for members who are not yet 16 years of age.

I, (FULL NAME)
of (ADDRESS)
..... Telephone
the parent/guardian of (CCY MEMBER NAME)

authorise The Camping and Caravanning Club's Youth Leader or Party Leader, to sign on my behalf any written consent form for medical treatment required by a doctor, surgeon or other medical authority, if the delay required in obtaining my signature is considered inadvisable by the doctor or surgeon concerned.

I have completed the Youth Health Questionnaire overleaf, which is to the best of my knowledge accurate and which I understand may be taken into account for the purposes of deciding whether or not to consent to emergency treatment.

Signed Date

This authorisation terminates on 31 December of the year dated above
Any changes to the information provided on this form must be notified to the Youth Leader

PART B

I authorise my son/daughter/ward to take part in and camp at any authorised event of The Camping and Caravanning Club during the year ending 31 December 20

Signed Date

PART C

In case of emergency please contact Telephone Number

Or at the following address:
..... Relationship.....

PART D

I authorise my son/daughter/ward to be transported to, from or during any authorised event of The Camping and Caravanning Club during the year ending 31 December 20

Signed Date

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YOUTH HEALTH QUESTIONNAIRE

(please complete in BLOCK CAPITALS)

YOUTH'S NAME

DATE OF BIRTH

NAME OF FAMILY DOCTOR

ADDRESS & TELEPHONE NUMBER OF

.....

.....

.....

.....TELEPHONE

NATIONAL HEALTH NO

DATE OF LAST ANTI-TETANUS

DOES HE/SHE SUFFER FROM ASTHMA, DIABETES, EPILEPTIC FITS OR ANY OTHER ILLNESS OR DISABILITY? IF SO, PLEASE GIVE DETAILS:

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IS HE/SHE ALLERGIC TO ANY MEDICATION

HAS HE/SHE ANY OTHER ALLERGIES (please give details):

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IS HE/SHE UNDERGOING MEDICAL TREATMENT (please give details):

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