

## Camp medical card

*Meadow Way Chapel, Hellesdon, Norwich*

Camp Under The Son - Medical Form	
Child's name :	Contact Number : (during camp)
Address :	GP name and address :
Date of birth :	Next of kin :
Please list below any medical condition your child suffers from or anything else which may be relevant to their health and well being whilst at camp :-	
Date of last tetanus :	Any known allergies :
Medication currently being taken :	Any special dietary needs :
Please sign below if you consent to the giving of basic medical attention whilst at camp e.g. wound dressing, treatment for a headache etc.	
Signature of Parent/Guardian :	Date :