



**BHS WEST MIDLANDS
SUMMER CAMP
13-15 AUGUST 2010**

MEDICAL DECLARATION FORM

Name:			
Tel No:		Mobile:	
Address:			

Do you have allergies to (please circle):

Bee Stings, Horses, Dogs, Dust, Peanuts, A Type of Fruit, Hay, Pollen

Do you suffer from Asthma? Yes/No

Please list any other allergy not listed above:

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If you have circled any of the above please give some details of how it affects you:

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Do you carry any specific medical treatment to combat the effects? Yes/No

PTO

Diabetes

Do you suffer from Diabetes? Yes/No
If yes, do you carry treatment? Yes/No

Epilepsy

Do you suffer from any form of Epilepsy? Yes/No
If yes, do you carry treatment? Yes/No

Heart Conditions

Do you suffer from any form of heart condition? Yes/No
If yes, do you carry treatment for it? Yes/No

Please advise below of any other medical condition we should be aware of (eg have you had an operation recently?, have you had a bad fall etc)

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Emergency Contact Details:

In the unlikely event of an emergency please give details of who you would like us to contact:

Name:			
Tel no:		Mobile no:	
Relationship to you:			

Thank you for completing this form. Please return to Andrea Jackman with your booking form and payment.