YOU must staple

Young person's Photo Here

A Selfie will Do

Skills For Life, Friends For Life

Staff Health Form (18+)

Troop / Guide / Group Name…… Association……

Role at NIJam 2017 Camp (Please Indicate by circling) Part Time role Full Time Role

Forename(s) ……... (As on Passport)

Surname: ……

Male / Female Date of Birth: ……..

Date of last Tetanus injection : ……

Family Doctor's Name and Address	Emergency Contact Details
……	……
……	……
……	……
……	……
Telephone ……..	Telephone ……

If it becomes necessary to receive medical treatment, I hereby give my general consent to any necessary medical treatment and authorise the leader at camp, named above. (Or in their absence one of the Assistant Leaders at Camp Name (s) above), to sign any document required by the hospital authorities.

I will inform the Leader at Camp if any of the information given on this form changes before the event takes place.

Signature …… Date ……

These forms to be completed and returned by 17th May 2017 at the very latest

The information entered on this form will be held on a computer system for the purpose of supporting NIJam 2017 camp this information will not be passed on to third Parties. ***This information will be kept confidential and will only be shared with the leader(s) in charge as necessary.***

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Staff Health Form (18+)

The following information is necessary for the safety of all those attending this activity. It is important that all relevant information is provided. This information will be kept confidential and will only be shared with the leader(s) in charge as necessary. First Aid Team

Do you have any medical requirements? ☐ Yes ☐ No

Please give details:

.....

.....

.....

Do you have any allergies, additional needs, behavioural needs or cultural needs that might affect this activity? ☐ Yes ☐ No

Please give details:

.....

.....

.....

Do you require any medication? Please ensure this is kept in a safe place not accessible by young people ☐ Yes ☐ No

Name of medication	Dose	Timing (how often)

Any Special Dietary requirements. (please give further details)

Vegan ☐
Vegetarian ☐
Other Please give details ☐
Lactose Intolerant ☐
Gluten Free ☐

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Minor ailments and minor injuries may be treatable by the medical doctor on site. Verbal consent will be required before any treatment is provided. In the event that treatment cannot be provided due to the nature of the illness or injury, hospital assessment and treatment will be sought.

Signature: _____ Date:_____