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COOL Health Form [2008]

To be handed to the deisgnated Medical Officer or Team Leader

PERSONAL DETAILS

Name
Date of Birth / / 19
Name of Emergency Contact
Telephone number

❑ My child is a vegetarian (Please note any dietary requirements overleaf)

Please tick if your child suffers from any of the following:

❑ ALLERGY ❑ ASTHMA ❑ EPILEPSY ❑ BEDWETTING

❑ BEHAVIOURAL DIFFICULTIES* ❑ OTHER* (*Please provide details)

All medicines must be deposited with the first-aider on arrival. Please give details below:

Medicine	Frequency or in the event of

We are not permitted to administer any non-prescribed medication, so if you wish your child to be given painkillers at any time, please send them and note below what you have sent:

I have sent and labelled

Is your child allergic to Penicillin? ❑ Yes ❑ No

Has your child had an anti-tetanus injection in the past 10 years? ❑ Yes ❑ No

Has your child had contact with any infectious diseases in the past 3 weeks? ❑ Yes ❑ No

If yes, please give details overleaf.

DECLARATION

1 I give permission for the painkillers which I have provided to be given to my child.

2 In the event of a medical emergency, I authorise a representative of COOL to sign on my behalf any required declaration.

3 To the best of my knowledge the information given above is accurate.

Signed (Parent or Guardian)	Date / / 2008
Doctor	Telephone number