

MEDICAL INFORMATION FORM

A form must be completed for EACH CHILD attending the centre. Please complete all sections fully, in English and hand in at arrival on centre.

Child's name:..... Booking reference:.....
 DOB:..... Sex:.....
 Age group: 7-10 10-13 13-16 (please circle) Arrive:..... Depart:.....
 Child's address:
 Postcode:.....

Family doctor's name:..... Telephone:.....

Family doctor's address:.....

Is your child subject to any condition requiring regular treatment or which is likely to make medical treatment necessary whilst on holiday? **Yes** **No**

If you have answered yes above, please provide details

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Is your child bringing any medication to PGL, prescribed or otherwise? **Yes** **No**

If 'Yes', please hand in all medication on arrival at the centre along with a completed Medication Administration Form

Has your child been vaccinated against tetanus? **Yes** **No** **Unsure**

Date of last injection..... Date of booster.....

Does your child have any allergies? **Yes** **No**

If you have answered yes above please provide details

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Is your child likely to wet the bed? **Yes** **No**

Please tick where appropriate to give your consent for us to administer the following:

Paracetamol (age specific) <input type="checkbox"/>	Ibuprofen (age specific) <input type="checkbox"/>	Anti-allergy syrup <input type="checkbox"/>
Antiseptic spray/wipes <input type="checkbox"/>	Calamine lotion <input type="checkbox"/>	Insect bite cream <input type="checkbox"/>
Antihistamine cream <input type="checkbox"/>	Burn cream <input type="checkbox"/>	Adhesive plasters <input type="checkbox"/>
Head lice lotion <input type="checkbox"/>	Sun cream <input type="checkbox"/>	Lip balm/Vaseline <input type="checkbox"/>
Face paints <input type="checkbox"/>		

Details of the administration of any of the above treatments will be recorded in the centre logbook.

I agree that if required, the treatments/medication marked above may be administered to my child by a PGL qualified first aider. I also agree to medical and dental treatment being given to my child, including the administration of a general anaesthetic and to surgical operations in case of emergency, in accordance with recommendations of a qualified medical practitioner. Please tick:

Print Relationship to child
 Signed Date



CONTACT INFORMATION FORM

A form must be completed for EACH CHILD attending the centre. Please complete all sections fully, in English and hand in at arrival on centre.

Childs name:..... Booking reference:.....
DOB:..... Sex:.....
Holiday code:..... Arrive:..... Depart:.....

It is a requirement that you provide us with the contact details of at least 2 nominated people that we can contact **24 hours a day** in case of emergency and the next of kin. Please also indicate which of these contacts is authorised to collect your child either at the end of their holiday or should they leave prior to this. Please note; photo ID will be required upon collection and no child will be released to anyone not named or able to prove they are the person/s named below.

Name	.....	Relationship to child	.....
Day Tel No.	.....	Mobile No.	.....
24 hr contact	Yes No	Release contact	Yes No
Address:	.....	
Next of Kin:	Yes No		

Name	.....	Relationship to child	.....
Day Tel No.	.....	Mobile No.	.....
24 hr contact	Yes No	Release contact	Yes No
Address:	.....	
Next of Kin:	Yes No		

Name	.....	Relationship to child	.....
Day Tel No.	.....	Mobile No.	.....
24 hr contact	Yes No	Release contact	Yes No
Address:	.....	
Next of Kin:	Yes No		

We understand that some children may be nervous, particularly if this is their first time away from home. In order to help us make their experience as enjoyable as possible, we feel it is important for us to know any important information about them, e.g. bedtime routine, do they have a comforter, favourite foods etc. It is also helpful if you can provide us with any information regarding behaviour management or rules that are enforced in their home environment, so these can be applied if appropriate.

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Print Relationship to child
Signed Date