

THE RANCH OUTDOOR DISCOVERY CENTRE

HEALTH INFORMATION FORM—TO BE COMPLETED BY THE PARENT/GUARDIAN* OF EACH GROUP MEMBER WHO IS UNDER 18 AT THE START OF THE STAY.

Name of group or school.....

Child/young person's first name.....Surname.....

Dates when resident at The Ranch: from.....to.....

Date of birth..... Nat. Health No*.....Blood group*.....

Parent/ Guardian's first name.....Surname.....

Address.....

.....Postcode.....

Contact phone nos:- H.....W.....Mobile.....

- ◆ To your knowledge, has your son/ daughter had contact with any infectious diseases in the last 21 days?
Y / N If yes, please provide some details.....
.....
- ◆ Does your son/ daughter suffer from an allergy or other on-going medical problems i.e. asthma, epilepsy, nut allergy etc? Y / N If yes, please provide details.....
.....
- ◆ Is your son/ daughter currently taking any form of medication? Y / N If yes, please state the type of medication and the dosage.....
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(NB. Please ensure the group leader/ teacher is fully informed of any medication that your child is bringing with them and may require supervision with.)
- ◆ Does your son/ daughter follow a vegetarian diet? Y / N If yes, do they eat fish? Y / N
- ◆ Does your son/ daughter have a special dietary requirement other than vegetarian? Y / N
If yes, what are their requirements—please write them on the back of this form. **NB. Please note**, we only provide special diets for vegetarians (not vegans) and for those with a **GENUINE** medical or religious reason. In some cases i.e. gluten or dairy intolerance we may need assistance with provision of specialist foods. Unfortunately, it is **not** possible for us to provide either Halal or Kosher meat—vegetarian food can of course be supplied as an alternative.
- ◆ Please state the date of your child's last tetanus immunisation (if known).....
- ◆ Name of your child's G.P.Surgery Tel. No.....

Please use this form if you do not have your own equivalent form!

In the event of an emergency, should it be considered necessary by a qualified medical practitioner to give your child an anaesthetic, please sign below to give your consent...

I agree, under the above circumstances, to give consent for my child to receive an anaesthetic.

Signed.....Parent/ Guardian. Date.....