



BCM Ireland
Bible Club/Camp Leader/Helper Medical form

Serving God, Serving You

Children & Youth - Club & Camp
Teacher Training
Church Work
Camp & Conference Centre

Name: Address:
Phone:
Mobile:
Email:
Date of Birth:
Name of Club/Camp: Year:

Do you suffer from?

- Migraine / Headaches Yes \_\_\_ No \_\_\_
Fainting Yes \_\_\_ No \_\_\_
Asthma Yes \_\_\_ No \_\_\_
Hay Fever Yes \_\_\_ No \_\_\_
Diabetes Yes \_\_\_ No \_\_\_
Heart condition Yes \_\_\_ No \_\_\_
Epilepsy Yes \_\_\_ No \_\_\_
Other -Please specify Yes \_\_\_ No \_\_\_

If yes please give details: (use another page if needed)

Allergies? -

- Food Yes \_\_\_ No \_\_\_
Medicine Yes \_\_\_ No \_\_\_
Stings Yes \_\_\_ No \_\_\_
Dust Yes \_\_\_ No \_\_\_
Other -Please specify Yes \_\_\_ No \_\_\_

If yes please give details - including reactions and treatment:
(use another page if needed)

General -

- Date of last tetanus injection: (if unknown, is it within the last ten years? - your GP should know)
Will need to have any medication with you during Club time? Yes \_\_\_ No \_\_\_ (If yes, keep out of reach of others)
Doctor's Name: Tel:
Home contact Name: Tel:
Nominated Backup Name: Tel:
Relationship to you:

Consent in the case of an Emergency:

I authorize the Leader in charge to give consent on my behalf for any medical treatment as may be necessary for me or my child (as applicable) while in the care of BCM Ireland, where:

- It is not possible to communicate properly with me and it is not possible to contact other nominated persons
It is not possible to contact my Parents/Legal Guardian or other nominated persons, as I am under 18

Signature of Leader/Helper: Date:

Signature of Parent/Legal Guardian: Date:

GDPR:

BCM Ireland is committed to keeping all Information/Data held on all personnel involved with us in accordance with the General Data Protection Regulations.

All concerned have the right to ask for and see what information we have held on them.