



BCM Ireland Camper Medical form

Correspondence to:
BCM Ireland
Castledaly Manor,
Athlone,
Co. Westmeath
N37 TR68

This form is to be completed and signed by your parent/guardian and brought to camp.

Name _____ Date of Birth ____/____/____

<u>Does your child suffer from?</u>	Yes	No
Migraine / Headaches	—	—
Fainting	—	—
Asthma	—	—
Hay Fever	—	—
Diabetes	—	—
Heart condition	—	—
Epilepsy	—	—
Autism	—	—
Other (Please specify)	—	—

We at BCM want to ensure your child is catered for and thoroughly enjoys his/her stay. **Please let us know** of any particular requirement they may have so we can help this happen.

<u>Allergies?</u>	Yes	No
Food	—	—
Medicine	—	—
Stings	—	—
Dust	—	—
Other (Please specify)	—	—

If Yes, please give details. (Please include reactions)

Medicine & Instructions (Please leave all medicines in original packets/containers.)

Name & Strength: Please give the reason for the medicine and how often the camper needs it

General

Date of last tetanus injection: _____ (if unknown, is it within the last ten years? Your GP or local health board will know)

Has your child been in contact with any infectious diseases within the last three weeks? Yes ___ No ___

If yes, please give details: _____

Doctors Name _____ Phone No. _____

Home contact Name: _____ Phone No. _____

Backup Name and phone number and relationship to camper.

Consent:

I understand that in the event on an emergency if it is not possible to contact me or other nominated persons, I authorise the leader in charge to give consent, on my behalf for any medical treatment as may be necessary for my child while in the care of BCM Ireland.

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.