



BCM Ireland Bible Club/Camp Leader/Helper Medical Form

CC 004

Name: _____ Address: _____

Phone: _____

Mobile: _____

Email: _____

Date of Birth: _____

Name of Club/Camp: _____ Year: _____

Do you suffer from? If yes please give details: (use another page if needed)

- 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 ___

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

- Food Yes ___ No ___
Medicine Yes ___ No ___
Stings Yes ___ No ___
Dust Yes ___ No ___
Other -Please specify Yes ___ No ___

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/camp 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 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: _____