



Ashdown District Explorers Summer Camp 2016 - Holland



Health & Permission Form

Name of young person:		D.o.B:	
Event:	Ashdown District Summer Camp 2016 Holland 24th-30th July 2016		
European Health Insurance Card (EHIC) Personal Identification Number UK _____ expiry date __/__/____		Yes / No Yes / No	
I give permission for him/her to do Paintballing (Professionally run by "New Challenge" http://www.new-challenge.nl/)? Is he/she able to swim 50 metres and stay afloat for five minutes in light clothing?			
Emergency contact(s):			Phone:
Doctor's name and contact details:		Details of any medications currently being taken:	
Details of any disabilities, conditions, allergies, special needs, dietary requirements or cultural needs that might affect this event:		Details of any infectious diseases he/she has been in contact with in the last three weeks:	
Signed:		Date:	
Relationship to young person:			

Please use the back of this form if more space is required