

# Brass Monkey 2012

## Health Form

I give my permission for \_\_\_\_\_ to attend the Royal Forest Brass Monkey Camp held on Sat 25<sup>th</sup>/Sun 26<sup>th</sup> February 2012

Address:

Telephone no:

Address & telephone number if different from above during the camp.

Name & address of family doctor.

National Health No:

I will inform you of any treatment or medicine which needs to be given during the camp.  
(Please label all medicine clearly and hand to the camp leader)

In the event of any illness or accident requiring emergency hospital treatment I authorize PAULA MATHEWS /PETER WICK to sign on my behalf any written form of consent required by the hospital authorities, if the delay required in obtaining your signature is considered inadvisable by the doctor or surgeon concerned.

Please give details as applicable.

Has your son/daughter any known allergies?

Has your son/daughter been immunized against tetanus in the last ten years? **YES/NO**

Do you give permission for us to give your son/daughter a dispral if he/she should complain of a headache? **YES/NO**

Signed.....

Date.....