Stockland Lovell Summer Camp
Fri 4th – Sun 6th June 2021
Medical Form

FIRST NAME: .....**Mr/Mrs/Miss**
SURNAME: .....
ADDRESS: .....
.....
.....
Postcode: .....
Tel Home: .....
Work: .....
Mobile: .....
Email: .....
Date of birth: .....

NEXT OF KIN
NAME: .....
Tel Home : .....
Work : .....
Mobile: .....

GP DETAILS
Name of Doctor: .....
Practice Address: .....
.....
.....
Postcode: .....
Tel. No: .....

Do you have any dietary requirements: **YES ☐ NO ☐**
If yes, please detail: .....
.....
Do you have any ongoing injuries or health problems: **YES ☐ NO ☐**
If yes please detail: .....
.....
Do you have any allergies: **YES ☐ NO ☐**
If yes please detail: .....
.....
Have you suffered any injuries in the past: **YES ☐ NO ☐**
If yes, please detail: .....
.....

Signature: ..... **Date**: .....
The information on this form will be destroyed 3 months after the date of the camp and will not be stored or shared by/with any other party other than Stockland Lovell for the duration of the camp weekend. In an emergency you information may also be shared with a medical professional.