www.coolscotland.org.uk

COOL Health Form

To be brought with you and handed to a leader.
Please do not forward beforehand so that it is up to date.

PERSONAL DETAILS

Name	
Date of Birth / /	
Name of Emergency Contact	
Telephone	Alternative

❑ My child is a vegetarian*

Please tick if your child suffers from any of the following:

❑ ALLERGY ❑ ASTHMA ❑ EPILEPSY

❑ BEHAVIOURAL DIFFICULTIES* ❑ DIETARY OR OTHER* **Please detail overleaf*

All medicines must be deposited with the first-aider on arrival. Please give details below:

Medicine	Frequency or in the event of

We are not permitted to administer any non-prescribed medication, so if you wish your child to be given painkillers at any time, please send them and note below what you have sent:

I have sent and labelled

Is your child allergic to Penicillin? ❑ Yes ❑ No

Has your child had an anti-tetanus injection in the past 10 years? ❑ Yes ❑ No

Has your child had contact with any infectious diseases in the past 3 weeks? ❑ Yes ❑ No

If yes, please give details overleaf.

DECLARATION

1 I give permission for the painkillers which I have provided to be given to my child.

2 In the event of a medical emergency, I authorise a representative of COOL to sign on my behalf any required declaration.

3 To the best of my knowledge the information given above is accurate.

Signed (Parent or Guardian)	Date / /
Doctor	Telephone number