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# CONFIDENTIAL HEALTH FORM

For residential holidays after 16th August

To be completed by a **parent, carer or guardian** (or member, if over 18 years old).  
Please use BLOCK CAPITALS.

If your child has particular emotional needs, disabilities, special needs or behavioural problems, please contact the Venture/Falcon leader **as soon as possible, well before the holiday starts**. This will enable us to take good care of your child while he/she is with us.

- ▶ Please complete this form **the day before** the Venture/Falcon begins – up-to-date information is **vital**.
- ▶ Please answer **all** the questions.
- ▶ All information on this form is **essential** and will be treated **confidentially**.
- ▶ Please **take this form with you** to the holiday and hand in at registration.

Full name of child attending: \_\_\_\_\_

Date of birth:     /     /     \_\_\_\_\_

People permitted to collect the child from the holiday: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Details of TWO responsible people (e.g. parent and grandparent) we can contact during the Venture/Falcon**  
Please give TWO in case we are unable to reach one of them. *N.B. it is vital that contact can be made in case of accident or other emergency. Temporary overseas addresses are not acceptable.*

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Postcode \_\_\_\_\_  
Phone number \_\_\_\_\_  
Mobile number \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Postcode \_\_\_\_\_  
Phone number \_\_\_\_\_  
Mobile number \_\_\_\_\_

Height (if under 12 yrs old): \_\_\_\_\_

Date of last tetanus injection, if any:  
\_\_\_\_\_ /     /     \_\_\_\_\_

NHS number:  
\_\_\_\_\_  
*(from medical card)*

**Details of your usual GP (doctor):**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Postcode \_\_\_\_\_  
Phone number \_\_\_\_\_

Has your son/daughter been ill or in contact with any infectious or contagious disease, including diarrhoea and vomiting, conjunctivitis or been on antibiotic medication during the last THREE weeks? (COVID-19 information will be covered later on.)

If yes, please give full details.

Yes / No

Is there any change to the health information you gave when booking ?

(e.g. recent injuries, new health problems or allergies, newly prescribed drugs)

If yes, please give full details. Please feel free to continue on a clean sheet.

Yes / No

Please list any medication that your son/daughter will be bringing to the holiday (we can provide common over-the-counter medication). For inhalers please specify whether it is a preventer (usually brown/orange casing) or a reliever (usually blue casing) inhaler. Please be as detailed as possible. Feel free to continue on a clean sheet.

List of medications and directions for use:

**Please note that ALL medication, including inhalers, must be given to the Healthcare Co-ordinator on arrival so that they can ensure proper supervision and also to protect other members on the holiday. Emergency medication (eg. reliever inhaler) will be given back to the individuals after this, but they must be declared at the start of the holiday. Parents/guardians must send a written request with this form if there are reasons why they wish their child to keep his/her own medication.**

# COVID QUESTIONNAIRE

1, Is there any reason why the child attending the holiday should currently be self-isolating?	YES	NO
2, Has the child attending the holiday travelled outside the UK within the last 10 days to a country on the red list? List of countries: <a href="https://www.gov.uk/guidance/red-amber-and-green-list-rules-for-entering-england">https://www.gov.uk/guidance/red-amber-and-green-list-rules-for-entering-england</a>	YES	NO

**IF YOU'VE ANSWERED YES TO EITHER OF THESE QUESTIONS THE CHILD WILL NOT BE ABLE TO ATTEND THE HOLIDAY**

3, Has the child attending the holiday travelled outside the UK within the last 10 days to a country on the amber or green list? List of countries: <a href="https://www.gov.uk/guidance/red-amber-and-green-list-rules-for-entering-england">https://www.gov.uk/guidance/red-amber-and-green-list-rules-for-entering-england</a> If so, please specify which country/ies:	YES	NO
4, Has the child attending the holiday experienced any of the main coronavirus symptoms within the last 10 days such as high temperature, a new or continuous cough, a loss or change to your sense of smell or taste? <a href="http://www.nhs.uk/conditions/coronavirus-covid-19/symptoms">www.nhs.uk/conditions/coronavirus-covid-19/symptoms</a>	YES	NO
5, Has the child attending the holiday been deemed a 'close contact' within the last 10 days?	YES	NO

**IF YOU'VE ANSWERED YES TO QUESTIONS 3, 4 OR 5 THE CHILD WILL NOT BE ABLE TO ATTEND THE HOLIDAY UNLESS THEY HAVE RECEIVED A NEGATIVE PCR TEST**

I can confirm the child attending the holiday has received a negative PCR test (laboratory test) since the above (re: questions 3/4/5) occurred. Date of test: ___/___/___	YES	
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## RESIDENTIAL COVID REGULATIONS

AS PART OF THE GOVERNMENT GUIDANCE FOR CHILDREN'S AND YOUTH RESIDENTIALS, ALL ATTENDEES AGED 11 YEARS OR OLDER (FROM 31 AUG 2020) MUST ALSO PROVIDE A **NEGATIVE LATERAL FLOW DEVICE** (LFD) TEST RESULT WITHIN 48 HOURS OF THE START OF THE VENTURE/FALCON AND BE TESTED EVERY 48/72 HOURS DURING THE HOLIDAY (exemptions apply).

If your child is 11 or older please ensure you pack enough Lateral Flow Devices to last the duration of their holiday.

## DECLARATION

I <b>CONFIRM</b> that the child attending the holiday has taken a LFD test within 48 hours of the start of the holiday and it was negative.	YES	NO
	Child is under 11	
I <b>GIVE CONSENT</b> for the child attending the Venture/Falcon to undertake testing (with adult supervision) as per the Government regulations outlined above and is not medically exempt from this. <b>(If you answer no, please give details of exemption below).</b>	YES	NO
	Child is under 11	
I <b>GIVE CONSENT</b> for the child attending the Venture/Falcon to be taken to a PCR test by the leaders of the holiday in the event that he/she is deemed a 'close contact'.	YES	NO
	Child is under 11	
I <b>CONFIRM</b> that there will be someone available to collect the child attending the holiday at any point either due to having symptoms, testing positive on an LFD or testing positive on PCR.	YES	

If the child attending the Venture/Falcon is **medically exempt** from Lateral Flow Device testing, please provide details below. If your child has tested positive on PCR within 90 days, we will treat that as being exempt. You will also be required to provide evidence of these upon arrival at the holiday.

**I CONFIRM THAT ALL THE INFORMATION ON THIS FORM IS CORRECT.** In the event of the holiday leader being unable to contact me first, I give my consent for this child to undergo dental/medical treatment should the need arise, and I authorise the Overall Leader (or his/her nominee) to sign on my behalf.

Signed \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_

Name (BLOCK CAPITALS) \_\_\_\_\_