

EXMOUTH GATEWAY CLUB
HEALTH AND MEDICATION FORM FOR RESIDENTIAL HOLIDAY

It is important to complete this form with as much information as possible! (Too many details are much better than not enough)

Full Name	Date of Birth
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Address	
	Post Code

Home Phone Number	Mobile Number
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Doctor	Surgery	Telephone
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Next of Kin	Telephone
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Contact in Case of Emergency

Phone Number	Relationship to Member
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Current Medical Conditions - Use Separate sheet for medicines. PLEASE STATE WHAT EACH MEDICINE YOU TAKE IS FOR <i>E.g., Cerebral Palsy, Acid Reflux</i>

Allergies <i>E.g., Nut allergy, Hayfever</i>
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Dislikes <i>E.g., Doesn't like gravy</i>
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Please confirm that you wish Exmouth Gateway to look after and administer all medication	Yes/No
*if yes all meds must be handed in with completed form prior to leaving Exmouth	
*if no Exmouth Gateway cannot be held liable for meds not taken or missed	

Epileptic	Yes / No	Regularity of seizures
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Rescue Meds Prescribed? Dose?

Diabetic	Yes / No	Any special precautions / diet ?
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Alcohol allowed	Yes / No	If yes how much and what?
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Can they swim?	Yes / No	If yes approximately how far?
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Is assistance required with any of the following :-					
Going to the Toilet	Yes / No	Zips / Buttons etc	Yes / No	Eating / Food cut up	Yes / No
Money	Yes / No	Personal Hygiene	Yes / No	Reading / Writing	Yes / No
Getting Dressed	Yes / No	Hairwashing	Yes / No		
Anything else?					

Any other relevant information (dietary requirements, medical needs etc)
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Emergency Permission - I would like Exmouth Gateway Club to give permission to the doctor / first aider in charge to undertake whatever treatment is considered necessary during an emergency

Signed (Member)	Date
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Signed (parent/guardian/carer)	Date
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