



ACCIDENT/MEDICAL INFORMATION FORM for : _____
 [REFER TO CONSENT FORM FOR OTHER MEDICAL INFORMATION]

MEDICINES							
MEDICINES REQUIRED [WHAT/WHEN]							
DATE	MED. NAME	TIME GIVEN	BY	DATE	MED. NAME	TIME GIVEN	BY
ACCIDENTS							
DATE	TIME	DETAILS/TREATMENT GIVEN	REPORTED BY	REPORTED TO			

[Continue on the back of this sheet if necessary]

- Should the Leader in charge of the camp/activity decide that it is necessary, I hereby give my consent to :
- the application of sun protection
 - the application of insect repellent
 - the treatment of insect bites/stings

I confirm I have provided the Leader with all medication/instructions :

Parent Signature : _____

Parent Name (Print): _____

Date : _____

I confirm receipt of medication/instructions :

Leader Signature: _____

Leader Name (Print): _____

Date : _____