



Camp EPIC 2026

Consent and Health Form

Individual's Name: _____

Unit Name: _____

Unit Leader Name: _____

Unit Leader Number: _____

Unit Leader Name: _____

Unit Leader Number: _____

Please record any treatment given during Camp EPIC on the back of this form.

In case of emergency, contact EPIC Committee on: **07768 070 435**

Unit Leader to complete this section:

Please answer the following questions for the individual:

Consent for photos: YES / NO

Completed adventurous activity waiver: YES / NO

Dietary requirement: YES / NO

PLEASE COMPLETE IN **BLACK INK AND CAPITAL LETTERS**.

This form will always be carried by the named individual for their safety during Camp EPIC

Details of any dietary requirements:

Details of any pre-existing medical conditions, illnesses, disabilities, allergies or sensitivities relevant to the event (please give details of severity & treatments):

Details of any medications being taken (if applicable), including how its given & handled:

Details of any medical devices, such as pacemakers or insulin pumps:

Signed parent/carers: _____

Print Name: _____

Individual's Name: _____

Unit Name: _____

Unit Leader Name: _____

Unit Leader Number: _____

Unit Leader Name: _____

Unit Leader Number: _____

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Print Name: _____