



*The Gloucestershire Cadet Battalion (ACF)*  
*The Royal Gloucestershire Berkshire & Wiltshire Regiment*



**Cadet Medical Form – ACE 2007**  
**Cadet Details**

Surname	Forename	Date of Birth and age
Home address	Next of Kin name	Relationship
Day/work contact number	Night contact number	Mobile numbers
Alternative address	Alternative telephone number	

It is most important that the contact address and telephone number you have given is one whereby you can be contacted at any time during the period of the Army Cadet Exchange. Please include International dialing codes.

Is your child/ward currently receiving any medical treatment or taking any medication? If yes please list name of drug and dose.					
Has your child/ward had any of the following illnesses?					
Measles		Mumps		German measles	
Chicken Pox		Whooping Cough			
Has your child/ward has any of the following inoculations? Where possible give dates.					
MMR		Tetanus Toxoid		Polio	
Meningitis		Whooping Cough		Any Others	
Has your child/ward have any of the following?					
Asthma		Eczema		Psoriasis	
Nightmares		Sleepwalking		Bed Wetting	
Epilepsy		Diabetes		Food Allergies	
Hay Fever		Homesickness		Learning Difficulties	
Details of illnesses or medical conditions including correct diagnosis, potential problems and special needs?					
Does your child/ward wear glasses?			Does your child/ward wear any dental prosthesis?		
If you have any concerns regarding your child/ward, which have not already been covered					

please note these below.

### **Please Note!**

If your child suffers from asthma, they **MUST** bring their medication to camp with them, along with a doctor's letter stating that in the doctor's opinion, it will be safe for them to take part in a short expedition, to load carry and that their asthma is currently well controlled. **WITH OUT THIS THEY MAY BE RESTRICTED IN SOME CAMP ACTIVITIES.**

If your child/ward is taking any regular medication (other than inhalers) please include a list of what medication they are taking (a repeat prescription is most helpful), when and why they are taking it. Please ensure they have enough medication to last them the entire period of the Exchange.

### **Activities**

Please state whether your child is (please indicate)			
A strong swimmer	average swimmer	weak swimmer	non-swimmer

The confirmed activities on camp are as follows and will be conducted by fully trained members of staff.

Abseiling	Canoeing	Target shooting	Rock climbing	Swimming
Camp Craft	Assault course	Volley ball	Quad bikes	Hill Walking
Orienteering	Sports	Helicopter flights	Sailing	Rafting

### **Declaration**

I hereby state that the information given above is accurate to the best of my knowledge. In the event of me being unreachable, following every effort to be contacted, I give my permission for the medical staff on camp to administer medication to my child/ward. I also agree that in an emergency, advice and treatment may be given in hospital following expert medical advice.

I also agree to my child/ward participating in the activities listed above.

Signature

Relationship

Date