

# HEALTH FORM

Please carefully complete this form and return to our office **NO LATER THAN FOUR WEEKS BEFORE THE START OF CAMP.**

Please print clearly in **CAPITALS.**

## CHILD INFORMATION

Family Name		First Name		M <input type="checkbox"/>	F <input type="checkbox"/>
Date of Birth (DD/MM/YY)		Nationality			
Height (cm)		Weight (kg)		Mother Tongue	

## PARENT OR GUARDIAN INFORMATION

Please provide as much information as possible - it is very important that we are able to contact you at all times during camp.

	Father/Guardian	Mother/Guardian	Emergency Contact Person (if parents are not reachable)
Full Name			
Telephone home			
Mobile phone			
Daytime telephone			
Home address			
City		Post code	Country
Email			

## HEALTH & INSURANCE INFORMATION

**ACCIDENT/ILLNESS INSURANCE COMPANY** Do you have any private **Insurance?** If Yes, please indicate full

Yes  No

details of how your child is insured.

Name	Policy Number	
Address		
Post Code	City	Country

## FAMILY DOCTOR INFORMATION

Family Doctor Name	Telephone Number
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## HEALTH INFORMATION

Please ensure that all the following questions are answered:

Is your child immunised against the following?								
Polio	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Mumps	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Measles	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Tuberculosis	Yes <input type="checkbox"/>	No <input type="checkbox"/>	German Measles	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Diphtheria	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Whooping Cough	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Tetanus	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Chicken Pox	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date of last tetanus injection								

Does he/she have a history of any of the following?														
Diabetes	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Asthma	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Ear Problems	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Seizures/Fits	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Sleeping Problems	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Stomach Upsets	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Bedwetting	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Attention Deficit	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Other				

Has he/she ever had an allergic reaction to any of the following?														
Penicillin	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Bee/Wasp Stin	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Other Medication	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Certain Foods	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Other and/or details									

Is he/she taking any medication? (e.g. Ritalin)

Yes  No  details

Does he/she have any special dietary requirements or eating disorders?

Yes  No  details

Are there any aspects of your child's health which would prevent him/her participating fully in all activities at camp?

Yes  No  details

Are there any other medical, social or emotional considerations the camp should know about?

Yes  No  details

**PARENT'S OR GUARDIAN'S DECLARATION**

To the best of my knowledge, the information I have given is correct and the child named above has my permission to engage in all the camp's activities, unless otherwise noted and indicated in an enclosed written doctor's report.

I hereby give permission to the medical personnel selected by **Ation Kids Camp** to give treatment and for **AKC** personnel to request treatment by a doctor for the above named child.

In an emergency, if I cannot be contacted, I also give permission for the physician(s) selected by **AKC** to hospitalise, order X-rays, medications, anaesthesia, surgery or any other treatment considered necessary for the above named child, unless otherwise noted.

I have read and understood the contents of this *Health Form* as well as the *Camp Information booklet* and agree to all the policies stated therein. In particular, I understand and accept that should the above named child possess or consume any drugs or alcohol, smoke, or, in the opinion of the camp director, behave in a way incompatible with the camp at any time, that I will make immediate arrangements for him/her to leave camp at my expense and return home.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**CHILD'S AGREEMENT**

I understand and agree to the following:

1. I will participate actively and fully in all aspects of the camp.
2. I will abide by all the camp rules and understand all the rules and policies explained in the *Camp Information booklet*.
3. In particular, I understand and accept that I will be required to leave camp and return home at my parents' expense should I possess or consume any drugs or alcohol, smoke, or, in the opinion of the camp director, behave in a way incompatible with the camp at any time.

Signed \_\_\_\_\_ Date \_\_\_\_\_