

HEALTH FORM

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

My child is attending camp in (country):

Camp dates:

CHILD INFORMATION

Family Name:		First Name:		M	F
Date of Birth (DD/MM/YYYY)	Height (cm)	Weight (kg)			
Nationality			Mother Tongue		

PARENT / GUARDIAN INFORMATION

	Father/Guardian	Mother/Guardian	Emergency Contact Person (if parents are not reachable)
Full Name			
Home Telephone			
Mobile Telephone			
Daytime Telephone			
E-mail			
Home Address			

It is very important that we are able to contact you at all times during camp

INSURANCE INFORMATION

Have you requested Village Camps Accident/illness insurance?		Yes	No
<i>If no, please fill in the details of how your child is insured below:</i>			
Insurance Company Name		Policy Number	
Address			
Post Code	City	Country	

FAMILY DOCTOR INFORMATION

Family Doctor Name	Telephone Number (please include country code)
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VACCINES INFORMATION

Is your child immunised against the following?								
Mumps / measles / German measles (MMR)	Yes	No	Tuberculosis	Yes	No	Chicken Pox	Yes	No
Tetanus + Diphtheria	Yes	No	Polio	Yes	No	<i>If yes, history of disease:</i>		
<i>Date of last injection:</i>		Whooping cough	Yes	No				

ALLERGY INFORMATION

Has he/she ever had an allergic reaction to any of the following?

Penicillin	Yes	No	Bee/Wasp Sting	Yes	No	Certain Foods	Yes	No
Other Medication	Yes	No	Other and/or details					

GENERAL HEALTH INFORMATION

Does he/she have a history of any of the following?

Diabetes	Yes	No	Sleeping problems	Yes	No	Bedwetting	Yes	No
Seizures/Fits	Yes	No	Attention Deficit	Yes	No	Stomach Upsets	Yes	No
Asthma	Yes	No	Asthma Medication	Yes	No	Inhaler	Yes	No
Ear Problems	Yes	No	If yes, is it ok to swim?	Yes	No	Other		

Is he/she taking any daily medication? **Yes** **No**

If yes, please explain:

Will he/she bring any medication to camp, for use of headache, allergies, etc.? **Yes** **No**

If yes, please explain:

Does he/she have any special dietary requirements or eating disorders? Please note there is no pork meat served at camp. **Yes** **No**

If yes, please explain:

Are there any aspects of your child's health which would prevent him/her participating fully in activities? **Yes** **No**

If yes, please explain:

Has your child been admitted to the hospital in the last 5 years? **Yes** **No**

If yes, please explain:

Are there any other medical, social or emotional considerations the camp should know about? **Yes** **No**

If yes, please explain:

PARENT'S OR GUARDIAN'S DECLARATION

By filling in and sending back this form, you agree to the following:

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 camps activities, unless otherwise noted and indicated in an enclosed written doctor's report.

I hereby give permission to the medical personnel selected by Village Camps SA (VC) to give treatment and for VC 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 VC 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 terms and conditions 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 anytime, that I will make immediate arrangements for him/her to leave camp at my expense and return home.*