



Health Information (sample)

The following information is confidential to staff and will be treated accordingly. It is requested in order to assist facilitators in Risk Management planning. Please fill out details of medication fully (names of medication, times, dosages, inhalers etc).

Name: _____ Male / Female

Date of Birth: _____

Address: _____

Telephone: _____(home) _____(work) _____(mob)

Parent / guardian: _____

Doctors Name and Number: _____

Do you require regular medication? Yes / No

Details: _____

Do you, or have you had any illness such as diabetes, heart problems, asthma, epilepsy etc? Yes / No

Details: _____

Do you suffer from any allergies? Yes / No

Details: _____

Have you any concerns that could influence your participation in any activities; eg back problems, concerns regarding water, height, open spaces, darkness etc? Yes / No

Details: _____

Have you had a full program of tetanus injections? Yes / No

Date of last injection: _____

Have you had the flu within the last two weeks> Yes / No

Because of religious / cultural / other beliefs I cannot eat the following or participate in the following : _____

MEDICAL RELEASE:

AS THE PARENT /GAURDIAN OF _____ I UNDERSTAND THAT ALL REASONABLE CARE WILL BE TAKEN TO ASSURE MY CHILDS CARE. AS ACCIDENTS DO HAPPEN HOWEVER, I GIVE PERMISSION FOR THE CAMP DIRECTORS TO ACT IN MY CHILDS BEST INTERESTS IF MEDICAL TREATMENT IS NEEDED AND I AM UNABLE TO BE CONTACTED.

SIGNED: _____(PARENT/GAURDIAN)

DATE: ____/____/____