

Sumava Medical Form
Camp 20

Please fill in one form per child. All information will be confidential and used only for medical purposes to ensure the safety of your child.

CHILDS NAME.....

CHILD'S DATE OF BIRTH.....

MOTHERS NAME.....

FATHERS NAME.....

CONTACT TELEPHONE NUMBERS

HOME.....

BUSINESS.....

MOTHER MOBILE.....

FATHER MOBILE.....

CHILD MOBILE.....

DOES YOUR CHILD HAVE ANY ALLERGIES OR SENSITIVITIES OF ANY KIND (This includes any allergies or sensitivities to food, medication, grass, pollen, animals or anything else?) Please circle appropriate response.

YES

NO

IF YES PLEASE STATE WHAT TYPE OF ALLERGY/SENSITIVITY AND WHAT TYPE OF TREATMENT IS REQUIRED eg rash, apply cream.

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MEDICAL HISTORY

Could you please indicate if your child has any relevant medical issues both past and present that need to be brought to the Camp Nurse's attention eg diabetes, bed wetting, sleep walking, asthma etc

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What type of treatment is required to properly attend to any of your child's medical issues? Please include name and dose of any medication taken (either regular on non regular basis)

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Please give particulars of any medical insurance eg name of fund, what it covers

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Do you have ambulance cover? Please circle appropriate response.

YES

NO

If yes please give details of ambulance subscription number or if part of private medical insurance

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Please give details of General Practitioner

Name.....

Address.....

Telephone numbers.....

Please indicate if there are any activities you DO NOT WANT your child to participate in eg swimming, bush walking?

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Please add any further comments regarding the medical care of your child

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I agree to indemnify the Camp Co-ordinators of any liability. The Camp Co-ordinators will endeavor to contact me and will take whatever reasonable action to ensure the safety of my child which includes any emergency medical treatment by a qualified medical practitioner. I will accept any expenses incurred as a result of any medical attention that may require

PARENTS SIGNATURE.....

DATE.....

I agree to abide by the camp rules and I understand if my behavior is not of an acceptable nature that my parents may be contacted and I may be asked to leave the camp

CHILD'S SIGNATURE.....

DATE.....