



Polska Kolonia

DETAILS

First Name:

Surname:

Date of Birth:

Address:

Suburb:

Postcode:

Home Phone:

Mobile:

Emergency Contact (Name and Telephone):

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PERMISSIONS

Name of Child:

I give permission for medical/dental attention for my child while at the camp.

I also agree to meet the cost of such attention.

I give permission for my child to attend all activities while at camp.

Family Doctor (Name and Telephone):

Medicare Number:

Health Card Number:

Private Insurance Number:

Parents / Guardians Name:

Signature:

Date:



MEDICAL FORM

Childs Surname:

First Name(s):

This form is to be completed by a Parent or Guardian of any child attending the camp. The information contained herein is required by the Medical Practitioner, in the event of child requiring treatment. The information given here is not intended to stop child coming to camp. It is important for the well being of the child, this form be completed fully and accurately.

Has your child had a tetanus booster in the last 12 months? Yes No

Does your child have any of the following:

- Heart Problems Yes No
- Respiratory Problems Yes No
- Asthma Yes No
- Other Yes No
- Allergies Yes No
- Food Yes No
- Drugs Yes No
- Ointments Yes No
- Other Yes No
- Diabetes Yes No
- Blood Pressure Yes No
- Recent Operations Yes No
- Epilepsy Yes No
- Bed wetting Yes No
- Other (Please List) Yes No

Medicines: Please gives details of any medicines being taken by your child including dosage, frequency, etc.:

I hereby authorize the Camp Organizer or his representative to obtain such medical attention as may be deemed necessary and I understand that I am responsible for the cost. I further authorize a qualified Practitioner to administer anesthetic and/or a blood transfusion should the necessity arise.

I also understand that should any damages needing a sum of payment for repair be caused by my child(ren) while on the camp, i will be required to cover the expenses of the repair.

Parent/Guardian's Signature:

Date: