



MEDICAL FORM

This information is required for each person participating in Camp Hosanna program and will assist the group leader and Camp Hosanna staff in planning and preparing appropriate activities and meals.

CAMP DETAILS _____

GROUP NAME _____ **DATE OF VISIT** _____

PERSONAL DETAILS

NAME _____ **DOB** _____

ADDRESS _____

_____ **POSTCODE** _____

PHONE (H) _____ **EMAIL** _____

PHONE (W) _____ **FAX** _____

PHONE (M) _____

FAMILY DOCTOR _____ **PHONE** _____

MEDICARE NO _____ **AMBULANCE MEMBER: YES / NO**

MEDICAL INSURANCE FUND _____

MEDICAL INFORMATION

Are you or your child subject to seizures, bedwetting, heart condition, asthma, black outs, migraines, fainting, epilepsy, diabetes or any other condition that may affect his or her safety during their stay at Camp Hosanna?

Yes **No** **(Please circle one)**

If 'Yes' please give details: _____



Are you allergic to (please give details):

Penicillin _____

Any Other Drug _____

Any Food _____

Other _____

Date of Last Tetanus vaccination: (If known) _____

Other Dietary Restrictions: _____

Medication

Are you or your child currently taking any medication? Yes No

If 'Yes' please give details: _____

Participants/Parents/Guardians are requested to make arrangements regarding your or your child's medication with the group leader prior to camp. All containers must be labeled with name, the dose to be taken and when it should be taken. If necessary or appropriate for you or your child to carry your/their own medication (ie. Asthma puffers), then it must be with the knowledge and approval of both your group leader and Camp Hosanna.

CONSENT TO MEDICAL ATTENTION (Parent or Guardian Only)

Where the group leader is unable to contact me or it is otherwise impractical to contact me, I authorize the group leader or a Camp Hosanna staff member to:

Consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner including calling an ambulance; and/or,

Administer such first-aid as the group leader may judge to be reasonably necessary.

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____