

# VIC WORKING PARENT'S CLUB

## Health Form VIC SummerCamp 2017

### General Information:

Please complete this health form (one per child) accurately and tell us which ailments your child has. The more we know about your child's health, the better we will be able to take care of him/her.

If you withhold information we may have to ask you to take the child out of Camp. Remember that if you do not indicate chronic problems or handicaps, you limit our possibilities to assist the child in case of accidents or illness. In such cases, we would always try to reach you first and in case of more serious problems take him/her to the closest hospital by taxi or ambulance as required.

Your child will always be accompanied by a supervisor and you will be asked to assume both the child's and the supervisor's transportation costs. Please do not bring children who are already sick in the morning, to Camp that day.

### Personal Information:

Full name of child:	Home address/es of parent/s or guardian:
Date of birth:	
Full name of insured parent/s or guardian:	Home telephone number/s of parent/s or guardian:
Office telephone number of parent/s or guardian:	Mobile telephone number/s of parent/s or guardian:
Office Email address of parent/s or guardian:	Private Email address of parent/s or guardian:
Name and address of the parent/s or guardian's employer:	Insurance number of insured parent/s or guardian:
	Insurance Company:

### Medical Information:

**My child has received the following vaccinations:**

Tetanus:            Date: \_\_\_\_\_

Ticks Meningitis: Date: \_\_\_\_\_

My child is <b>allergic</b> to e.g. Penicillin, foods, insect bites, pollen, band-aids, etc.)	<b>In case of an allergic reaction, the following measures must be taken:</b>

**My child takes medication for the following problems: (e.g. in case of respiratory problems, etc.):**

**The following measures must be taken (e.g. in case of nose bleeding, asthma attack, epileptical seizure, etc.):**

Which/reason: \_\_\_\_\_ how often: \_\_\_\_\_

Which/reason: \_\_\_\_\_ how often: \_\_\_\_\_

**My child wears other "aids" (e.g. glasses, braces, etc.):**

\_\_\_\_\_ when: \_\_\_\_\_

\_\_\_\_\_ when: \_\_\_\_\_

**Contacts (in case of emergency):**

**Name:** \_\_\_\_\_ **available from** \_\_\_\_\_ **a.m. to** \_\_\_\_\_ **p.m., tel.no.:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **available from** \_\_\_\_\_ **a.m. to** \_\_\_\_\_ **p.m., tel.no.:** \_\_\_\_\_

I hereby confirm that the information I have provided is accurate and complete to the best of my knowledge and that any necessary medical measures may be carried out.

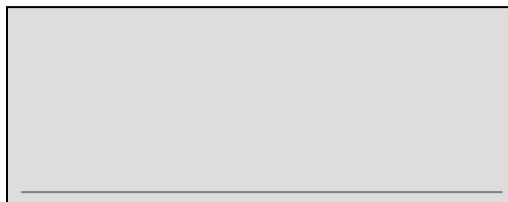
## Instructions for injury related transportation

(Please mark only one option with an X)

- I herewith authorize** the Camp staff to take my child/ren to Hospitals for minor injury, if required, **by taxi or public transportation**, as available.
- I do not wish** my child, in case of minor injury to travel for treatment with a Camp staff member, to the Hospital by taxi or public transportation, and **herewith request** that an ambulance be called whenever treatment is required and I cannot be reached.

Signature (of parent or guardian):

(write full name below signature  
in capital letters )



Date: \_\_\_\_\_