



# TOKOMARU SCHOOL YEAR 7 - 8 CAMP AT PALM GROVE



## Health Details Form

Parents please fill in and return to school.



Child's name in full: \_\_\_\_\_

Address of parent or caregiver: \_\_\_\_\_

\_\_\_\_\_

Telephone Number Day: \_\_\_\_\_

Telephone Number Night: \_\_\_\_\_

I approve of my child attending this camp and in the event of any accident or illness, I authorise the obtaining on my behalf of such medical assistance as may be required.

To the best of my knowledge he/she has not been in contact with any infectious diseases for the past four weeks.

I certify that he/she has no physical disability and isn't suffering from any complaint likely to prove detrimental to him/her or others while in camp.

My child is/is not up to date with his/her immunisations.

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

Signature: \_\_\_\_\_

### IMPORTANT:

Please list any personal factors, e.g. sinus, sleepwalking, bed-wetting, hay fever, asthma, food allergies etc. which might prevent your child from enjoying camp to the full.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### MEDICATION:

If your child needs medication during the camp you will need to complete a school medication form (this form can be collected from the school office). All medication plus the form must be given to Miss A on the morning prior to camp departure.

**THIS FORM MUST BE RETURNED BY MONDAY 16<sup>th</sup> AUGUST 2021**