



Medical, Dietary Needs and Consent Form

Child's Name in full:

Address of Parent/Guardian

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Ph number: Cell: Business:

I give permission for my child to attend the camp at YMCA Camp Adair, Hunua, from Wednesday 13th September to Friday 15th September, and in the event of illness or an accident, I authorize the obtaining of such medical assistance as may be required.

I agree that he/she should take part in such activities and necessary duties as may be required by the staff.

To the best of my knowledge he/she has not been in contact with any infectious diseases for the last four weeks and has no disability nor is suffering from any complaint likely to prove detrimental to himself/herself or others while on the trip.

Please circle anything in this list from which your child suffers and give the class teacher any necessary information. This will remain confidential and we hope it will enable each child to attend camp rather than stay away because of uncertainty or embarrassment. This information may be given under separate cover if you so desire or you may visit the school to discuss the matter.

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|-----------------|---------------|
| Asthma | Bed-wetting |
| Sting Allergies | Sinus Trouble |
| Hay fever | Sleep walking |
| Food Allergies | |

Other notes: for example, recent medical care, list foods they are allergic to, list medicine being sent to camp, list any other medical information that we need to be aware of: -

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Signature: Date.....

