

YEAR 6 LEADERS CAMP 2020

Wairarapa Outdoor Pursuits Centre Monday 30th November – Friday 4th December

MEDICAL FORM

Name of Student: _____

Names of Parents/Caregivers: _____

Emergency Contacts: Home Phone Number: _____

Alternative Number: _____

Parent/Caregiver signature: _____

Please answer all these questions

- What is your child's swimming ability? (Circle one)

Very confident Confident Not Confident

- Is your child allergic to bee/wasp stings? YES/NO
If yes, what is the treatment normally required?

- Is your child allergic to any medication? YES/NO
If yes, what?

- Is your child asthmatic? YES/NO
If yes:
 - Does he/she need to carry an inhaler at all times? YES/NO
 - Does he/she need to have an inhaler at camp with his/her gear? YES/NO
- Is your child presently on any regular medication? YES/NO
If yes, what will we need to ensure is done while we are away at camp?
(You may need to provide this information just before we go to camp.)

- Do you give permission for the staff to administer pain relief if your child has a bad headache or similar pain? YES/NO
If yes, what do you normally use at home?

- Please write any other health needs your child presently has that may affect him/her at camp.