



# Medical and Consent Form

This form is to be completed by a PARENT or GUARDIAN in BLOCK CAPITALS. All information will be held on file by Habonim Dror, but will remain CONFIDENTIAL.

<b>Forename:</b>	<b>Date of Birth:</b>
<b>Surname:</b>	<b>Name of Camp:</b>

## CONDITIONS

- |             |                          |                 |                          |                 |                          |                                   |                          |
|-------------|--------------------------|-----------------|--------------------------|-----------------|--------------------------|-----------------------------------|--------------------------|
| Anorexia    | <input type="checkbox"/> | Dizziness       | <input type="checkbox"/> | German Measles  | <input type="checkbox"/> | Pneumonia                         | <input type="checkbox"/> |
| Asthma      | <input type="checkbox"/> | Ear Infections  | <input type="checkbox"/> | Glandular Fever | <input type="checkbox"/> | Polio                             | <input type="checkbox"/> |
| Bed Wetting | <input type="checkbox"/> | Eczema          | <input type="checkbox"/> | Hay Fever       | <input type="checkbox"/> | Scarlet Fever                     | <input type="checkbox"/> |
| Bronchitis  | <input type="checkbox"/> | Epilepsy        | <input type="checkbox"/> | Hyperactivity   | <input type="checkbox"/> | Skin Conditions                   | <input type="checkbox"/> |
| Bulimia     | <input type="checkbox"/> | Eye Problems    | <input type="checkbox"/> | Insomnia        | <input type="checkbox"/> | Sleepwalking                      | <input type="checkbox"/> |
| Chicken Pox | <input type="checkbox"/> | Fainting        | <input type="checkbox"/> | Measles         | <input type="checkbox"/> | Tuberculosis                      | <input type="checkbox"/> |
| Diabetes    | <input type="checkbox"/> | Freq. headaches | <input type="checkbox"/> | Mumps           | <input type="checkbox"/> | Other (please give details below) | <input type="checkbox"/> |

## PSYCHOLOGICAL/EMOTIONAL PROBLEMS

Please tick if the participant suffers from ANY psychological or emotional problems and give FULL details below, including a doctors letter where appropriate.

## ALLERGIES

Please tick if the participant is allergic to any of the following, and give details where appropriate:

- |         |                          |                     |                          |             |                          |
|---------|--------------------------|---------------------|--------------------------|-------------|--------------------------|
| Aspirin | <input type="checkbox"/> | Fruit               | <input type="checkbox"/> | Paracetamol | <input type="checkbox"/> |
| Dairy   | <input type="checkbox"/> | Gluten              | <input type="checkbox"/> | Plasters    | <input type="checkbox"/> |
| Eggs    | <input type="checkbox"/> | Insect Stings/Bites | <input type="checkbox"/> | Penicillin  | <input type="checkbox"/> |
| Fish    | <input type="checkbox"/> | Nuts                | <input type="checkbox"/> | Pets/Horses | <input type="checkbox"/> |

Other Allergies:

Details of Allergies:

## MEDICATION

Please give FULL details of any current medication or medical treatment:

Please tick this box if you DO NOT wish the participant to be administered with paracetamol:

**GP DETAILS**

Name of Participant's GP:
Surgery Address:
Tel No:

**VACCINATIONS**

Date of last anti-tetanus:

**EMERGENCY CONTACT DETAILS**

Please provide contact details for 3 people who can be contacted during camp, ensuring that Contact 1 is a parent/guardian.

	<i>Contact 1</i>	<i>Contact 2</i>	<i>Contact 3</i>
<b>Name</b>			
<b>Relationship to Participant</b>			
<b>Home Tel.</b>			
<b>Work Tel.</b>			
<b>Mobile Tel.</b>			

If the parent/guardian is away during camp, please inform us of the dates.

**DECLARATION**

Please read the following medical and consent declaration **carefully** and sign at the bottom:

I hereby certify that to the best of my knowledge the medical information provided on this form relating to the participant name on the reverse is complete and correct in all details. I agree to the participant named on the reverse receiving medication as detailed, and any emergency medical, dental or surgical treatment, including anaesthetics or blood transfusions, as considered necessary by the appropriate medical authority. I understand that Habonim Dror cannot, and will not, be held liable for any incident caused as a result of incomplete or inaccurate medical information being supplied. I further understand that Habonim Dror reserves the right to send home any participant as a result of incomplete inaccurate medical information being supplied.

I consent to the participation of my child, named on the reverse, in the Habonim Dror camp indicated, and agree to be bound by the rules of the Habonim Dror Camps Committee. I understand that all fees must be received in full before my child attends the camp. I understand that the leaders of the camp that my child participates in reserve the right to send home any participant that is considered unsuitable for the camp. In this case, or in the case of a participant returning home of their own volition, I understand that as parent/guardian of the child, I will be liable for all travel costs incurred, and may at the discretion of the camp leaders be required to collect my child. In any of these instances I will NOT receive a refund from Habonim Dror.

I accept that any person seen to be carrying out an action regarded by a camp leader as wilful damage, will be held liable for this damage. I further accept that I, as parent/guardian, will be held responsible for the full payment of any costs incurred due to this damage, or any subsequent related costs. I understand that cigarettes, alcohol and all illegal drugs are absolutely and strictly forbidden, and their use completely prohibited on the camp. I am aware that usage of, or involvement with any of these substances will result in those concerned being sent home immediately, at the expense of the parent/guardian of the child, and with no refund given. I understand that Habonim Dror accepts no liability or responsibility for any damage or loss of personal possessions of any of the participants under any circumstances.

Name of Parent/Guardian: \_\_\_\_\_

Signed: \_\_\_\_\_

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