

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>
Name			
Relationship to Participant			
Home Tel.			
Work Tel.			
Mobile Tel.			

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: _____