

Medical, Dietary & Risk Form

Year 7 Camp

Makahika Outdoor Pursuit Centre



HEREWORTH
DESIGNED FOR BOYS

For your child's safety and benefit please complete the following details.
(All information will remain confidential)

Return to school by the start of Week 1 (Monday 30 January 2017).

Student Name _____ Class _____ Age _____

Address _____

EMERGENCY CONTACT:

Relationship to Student _____

Name _____ Home Ph _____

Mobile Phone _____ Work Ph _____

Does he have trouble with or suffer from any of the following problems (please circle)

Claustrophobia	Y/N	Poor Balance	Y/N	Heart Complaints	Y/N
Asthma	Y/N	Haemophilia	Y/N	Back Injury/Pain	Y/N
Diabetes	Y/N	Epilepsy	Y/N	Neck Injury	Y/N
Swimming	Y/N	Hearing	Y/N	Seeing	Y/N

Has he ever had a dislocated limb? e.g. shoulder Y/N

Has he ever had any serious injuries? e.g. fractured skull Y/N

Is he allergic to anything? e.g. penicillin, bee stings Y/N

Is he currently prescribed any drugs? Y/N

Does he or has he suffered from any contagious diseases? Y/N

If yes to any of the above please elaborate below

Does he have any special dietary requirements? (If yes, please comment)

I am aware that outdoor activity has risk. I recognise that my instructor has the responsibility of managing the safety of any activities & while I understand that all activities are voluntary, I accept that for my own safety I will need to follow all instructions given by my instructor.

I accept personal responsibility for my own actions.

SIGNED: _____ **DATE:** _____

(N.B. as you are under 16 years old your parent or guardian is signing on your behalf – parents, please ensure your son reads and understands the above)