



## Day Camps Medical Form

This medical form helps you and Marwell Activity Centre plan a safe and enjoyable programme. All information will be kept confidential between you, Marwell Activity Centre and its subcontractors. Please make sure all the information is filled out fully.

Name of child.....

Date of Birth.....

Emergency Contact Name.....

Emergency Contact Address.....

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Emergency Contact Number.....

Second Emergency Contact Number.....

Has your child been sentenced to imprisonment, custody, preventative detention or corrective training?

YES / NO

### Medical Information

Dietary Requirements.....

Does your child suffer from any medical condition or disorder we should be aware of?

YES / NO

If YES please give details:

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Do you give consent for your child to receive emergency treatment if necessary?

YES / NO

Is your child water confident (able to swim at least 25 metres)?

YES / NO

Do you consent for your child to participate in water based activities?

YES / NO

Name of parent/Guardian .....

Signature ..... Date.....