



## CAMPER MEDICAL INFORMATION FORM

Child's name:	Date of birth:
Parent/Carer's name:	Parent/Carer's name:
Contact number:	Contact number:
Email address:	Email address:
Home address and postcode:	

EMERGENCY CONTACT DETAILS (if parent/carer is unreachable)	
Emergency contact name 1:	Contact number:
Emergency contact name 2:	Contact number:

HEALTH CONCERN INFORMATION
Health concerns:
Medications needed during camp and instructions for use:
Child's GP or physician and telephone number:
Special instructions (signs or symptoms to look out for, how we can help):
Restrictions (things to avoid, not touch or eat):
Notes: