

MEDICAL DISCLOSURE...



KAMP STAALDRAAD 2010
14 June 2009 – 17 July 2009; Youth Camp: Maretlwane Lodge – Magaliesberg

Surname:	
Names:	
Postal address:	
Physical address:	
Date of Birth:	Age:
ID:	
no:	

Medical History:

Do you have a Family Medical Practitioner
Name:
Address:
Phone no:

Do you smoke?
<i>Please note and understand that you will not be allowed to smoke at any time during the camp.</i>

Do you use Alcohol regularly?
<i>Please note and understand that you will not be allowed to use alcohol at any time during the camp.</i>

Do you use any prescription drugs, or any habit forming drugs e.g. anti-depressants, sedatives etc.?
1. Have you notified the team leader that you use such Medication?
2. Do you have an adequate supply to cover the duration of the camp?

Do you have any medical disorder for which you have received previously, or for which you are receiving at present, any form of treatment or medication?
If the answer is yes, will you, or have you ensured that you have an adequate supply of the medication for the trip?

Do you suffer from motion sickness?
Do you have any Allergy, or have you had an allergic reaction at any time in the past?
Is there any medical treatment, or any surgery, that is being planned for the future?
Is there anything regarding your general health that the team leader should know?
Do you have medical insurance?
Name of Medical Insurance:
Contact person or procedure:
Contact Telephone Number:
Reference Number:
Other:

The above information is correct.

I accept the information will be kept confidential, however it may be used at the discretion of the team leader and the medical ordinance of the team if the need thereto arises.

Signed: Date: ____/____/2010
(Attendee)

_____ Date: ____/____/2010
Signed: Guardian

(Name and surname of guardian)