

# Medical & Personal Information Form - Confidential

## Protecting Your Privacy

The information we seek allows us to manage risk, and provide reasonable care in our camp. We are careful to keep any sensitive information confidential, and provide it only to staff who need it on camp (e.g. designated first aider) - we will not use this information for other purposes.

### Camper Contact Details

Personal Name \_\_\_\_\_ Family Name \_\_\_\_\_  
 Preferred Name \_\_\_\_\_  Male  Female Date of Birth: \_\_\_\_\_  
 Address \_\_\_\_\_  
 City / Town \_\_\_\_\_  
 Postcode \_\_\_\_\_ Phone (H) \_\_\_\_\_ (M) \_\_\_\_\_  
 Email \_\_\_\_\_ School year \_\_\_\_\_ Church I attend \_\_\_\_\_  
 Name of Youth Leader \_\_\_\_\_

### Emergency Contacts

In case of an emergency, please list phone numbers where you (parent/caregiver), and at least one other person who can be contacted **during the course of the camp**.

Name	Relationship	Phones (day)	(night)	(mobile)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Is there anyone who is not allowed to have access to your son/daughter? \_\_\_\_\_

### Travel Information

- The camper will travel from the camp by bus / train / plane / car driven by \_\_\_\_\_.

### Dietary Requirements

Does the camper have any special dietary requirements? YES/NO

If yes, please explain:

### Medical Information

Our team members **do not** supply medications (e.g. paracetamol). Do you anticipate the camper will need to take **any tablets** or **other medication** during the camp?  Yes  No

List any medication you are supplying – please ENSURE it is well marked.	Dose / When medication is to be given / Reason for medication.	IF you wish the camper to self-administer medication, you MUST explain below.

Has the camper been taken off medication recently?  Yes  No  
 If yes, please give details:

Has the camper previously broken/fractured any bones?  Yes  No

If Yes, please give details:

What is the year of the camper's last tetanus injection? \_\_\_\_\_

**Are there any conditions requiring special attention** that we should know about (e.g. hearing or sight impairment; reading or learning difficulties; ADD or ADHD; behaviour issues; eating disorders, formal counselling situations; depression, other)? Please list below:

### Specific Medical Conditions

Please indicate below, if the camper has had any of the following. Provide additional details if necessary.

<b>Condition</b>	<b>In the Past</b>	<b>Present</b>	<b>Condition</b>	<b>In the Past</b>	<b>Present</b>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Hyperactivity	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Hypo activity	<input type="checkbox"/>	<input type="checkbox"/>
Haemophilia	<input type="checkbox"/>	<input type="checkbox"/>	Heart Problems	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Depression/ Mental Illness	<input type="checkbox"/>	<input type="checkbox"/>
Fits/Convulsion	<input type="checkbox"/>	<input type="checkbox"/>	Allergy – foods	<input type="checkbox"/>	<input type="checkbox"/>
Faint/Dizziness	<input type="checkbox"/>	<input type="checkbox"/>	Allergy – animals	<input type="checkbox"/>	<input type="checkbox"/>
			Allergy – other	<input type="checkbox"/>	<input type="checkbox"/>

**Details** (e.g. severity; last injection; treatment)

**I consent to appropriate use by Capernwray NZ of photographs or video that include the camper:** YES  NO

(Appropriate use includes inclusion in a CNZ newsletter, placement on a CNZ webpage or in a CNZ brochure. In all cases including minor's, only photos and video that do not easily identify individuals will be used. However, we can take no responsibility for participants personal uploading to social media, such as Facebook or Twitter.)

### Risk Disclosure

The nature of our activities and the unique character of the outdoors, means that risk cannot be completely eliminated.

To manage the risks inherent in what we do, Adventure Ministries of Capernwray New Zealand has an extensive Safety Management System (SMS) which includes:

- Comprehensive policies on all aspects of our operation including staff, equipment, activities and safety procedures
- Hazard assessment and Risk Management plans and Standard Operating Procedures for all activities
- Emergency procedures
- Instructor competencies
- Safety checks & logs of safety equipment
- Although there is always a level of risk in any outdoor activity, our goal is to provide the safest experience possible, in a supportive and fun environment

The SMS and associated documents can be made available for clients to view on application to Adventure Ministries Director.

### Camper Agreement with Capernwray NZ

- I agree to observe the rules and routines of camp, and to participate in the programme arranged.
- I acknowledge that risks and hazards are inherent in outdoors and adventure activities and even with appropriate safety measures incidents may occur while individuals participate in these activities that could result in some form of harm or even death. These incidents can result from the nature of the activity and can occur without any fault on either the part of the participant or Capernwray or its employees or agents. By choosing to participate in the activities I acknowledge that there is a risk of an accident occurring.
- I have honestly & accurately disclosed any medical and health issues.
- In the event of an incident or illness I authorise the obtaining of such medical assistance for myself as may be thought necessary by Capernwray staff.

\_\_\_\_\_  
**Name of Camper**

\_\_\_\_\_  
**Signature of Camper**

\_\_\_\_\_  
**Date**

### Parent / Caregiver Agreement with Capernwray NZ (if under 18)

- I give permission for \_\_\_\_\_ to attend The Journey.

\_\_\_\_\_  
**Name of Parent/Caregiver**

\_\_\_\_\_  
**Signature of Parent/Caregiver**

\_\_\_\_\_  
**Date**