

# 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 \_\_\_\_\_

Do you consent to these details being included on a contact list provided to participants?  Yes  No

### 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)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### 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 – add additional page if necessary)

**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.)

**Camper Agreement with Capernwray NZ**

- I agree to observe the rules and routines of camp, and to participate in the programme arranged.

\_\_\_\_\_

<b>Name of Camper</b>	<b>Signature of Camper</b>	<b>Date</b>
-----------------------	----------------------------	-------------

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

- I give permission for \_\_\_\_\_ to attend The Journey Camp.
- I am aware that certain aspects of the programme may be physically and emotionally demanding.
- I acknowledge that risks and hazards are inherent in activities and even with appropriate safety measures incidents may occur while individuals participate in these activities that could result in some form of harm. 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.
- In the event of any emergency where the camper's emergency contact people are unavailable:
  1. I authorise the team to obtain medical advice and/or assistance that they deem necessary.
  2. I further authorise qualified practitioners to administer anaesthetic if required.
  3. I accept all operation, blood transfusion and/or anaesthetic risks involved in the event that such procedures are deemed necessary.
  4. I accept the responsibility for payment of any medical, transport or other related expenses.
- I have honestly & accurately disclosed any medical and health issues.
- I consent to the camper's personal information being held by Capernwray Bible School for appropriate use within the organisation.
- I confirm that the information given is true and correct, and I will advise Capernwray promptly of any changes.

\_\_\_\_\_

<b>Name of Parent / Caregiver</b>	<b>Signature of Parent / Caregiver</b>	<b>Date</b>
-----------------------------------	--	-------------