

Medical Form for Pokrova Summer Camp
must be signed by a Medical Doctor

Camper's Name:.....

Sex: male female age.....

Address:

Telephone...(.....).....

Whom to contact in case of emergency: Name.....

Address:..... tel.(.....).....

Does your child suffer from any of the following?

- | | | | |
|-----------------------------------|--|------------------------------------|-------------------------------|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Allergies | <input type="checkbox"/> None |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart Disorders | <input type="checkbox"/> Others | |

Please name allergies your child suffers from and any other problems (if any):

.....

Does your child require a special diet? yes no

If yes, which?.....

Does your child require any special medication yes no

If yes, which?.....

Has your child received a Tetanus injection within the last 5 years?

- yes no

Family doctor's name:.....tel.(.....).....

Family doctor's license number and signature.....

Doctor's signature is **COMPULSORY**. Without a signature, no camper will be accepted.

I, the undersigned, declare the above information is true and that my child is in good health and able to participate in activities sponsored by the Summer Camp. I authorize the camp administration to act on my behalf in case of emergency. The parties hereby consent to the drafting of this agreement in the English language. Les parties consentent a ce que cette entente soit rediger en anglais.

Date :..... Parent's signature.....