

HEALTH FORM

NAME _____

Before taking your son/daughter on this activity, I would be glad if you would let me know:

1. **YES/NO** Does your son/daughter have to take any medicine or pills (If so, please clearly mark these with his/her name and exact dose and hand to the Leader before departure.)

2. **YES/NO** Is there any food he/she must not eat? If so, what foods?

3. **YES/NO** Does he/she suffer from any allergy or disability? If so, Please advise?

4. **YES/NO** Would he/she be limited in any way in taking part in normal physical activities? If so, in what way?

5. **YES/NO** May he/she swim under careful supervision?

6. **YES/NO** Has he/she had an anti-tetanus injection in the last five years?

7. **YES/NO** Has he/she had contact with any infectious disease in the last three weeks? If so, what infection?

8. Please advise the name and address of your sons/daughters
Doctor _____ Ph _____

Please ensure the above information is correct. This sheet will be handed to the person responsible for first aid.