

**Confidential**

# Student Information

## Motu Moana Camp 4-7 March

**Name of Student:** \_\_\_\_\_

**Emergency Contacts: #1 Name:** \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**#2 Name:** \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**#3 Name:** \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Medical Conditions/ medications we should know about:**

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**Allergies:**

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**Any other things we should know ? (Remember we are all parents)**

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**Any special dietary requirements? (the camp will cater for these).**

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P.T.O

My child does/ does not have an up to date tetanus vaccination.

I do/ do not give permission for my child to receive Paracetamol if the need arises ( pain/ temperature)

**MEDICAL RELEASE:**

AS THE PARENT /GUARDIAN OF \_\_\_\_\_ I UNDERSTAND THAT ALL REASONABLE CARE WILL BE TAKEN TO ASSURE MY CHILDS SAFETY. AS ACCIDENTS DO HAPPEN HOWEVER, I GIVE PERMISSION FOR THE CAMP DIRECTORS TO ACT IN MY CHILDS BEST INTERESTS IF MEDICAL TREATMENT IS NEEDED AND I AM UN-ABLE TO BE CONTACTED.

SIGNED: \_\_\_\_\_ (PARENT/GUARDIAN)

DATE: \_\_\_/\_\_\_/\_\_\_

Signed \_\_\_\_\_

Name \_\_\_\_\_

If your child is unwell we will contact you and keep you informed.  
We have a qualified nurse and first aid personnel with us.