

# Camper's Health Statement

**Child's details:**

Name: .....

Date of birth: .....

Address: .....

Mother's maiden name: .....

**Details of parent or legal guardian:**

Name: .....

Address: .....

Contact details: .....

**As the child's Parent or Legal Guardian, I hereby declare that the child bears none of the following symptoms:**

- Fever
- Sore throat
- Vomiting
- Diarrhea
- Rash
- Icterus
- Any other form of serious skin symptom
- Eye, ear or nose inflammation with phlegm
- Louse or scabies

***Please note: failure to provide the compulsory health form or providing a form with false information may result in refusal of entry or expelling from the camp with no refunds.***

Date \_\_\_\_\_ (first day of camp), \_\_\_\_\_ (town)

\_\_\_\_\_  
Signature of parent or legal guardian