

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