

Health Questionnaire and Consent Form

1. Personal Information

Participant Name: _____

Date of Birth (DD/MM/YYYY): // _____

Camp Dates: _____

Emergency Contact Person: _____

Relationship to Participant: _____

Emergency Contact Phone Number: _____

Emergency Contact Email: _____

2. Medical History

Please provide details of any relevant medical history to help us ensure appropriate care.

Does the participant have any pre-existing medical conditions?

Yes

No

If yes, please specify:

Allergies

No known allergies

Yes, to (please specify):

Mild Moderate Severe (requires EpiPen)

Chronic Illnesses/Conditions (e.g., asthma, diabetes, epilepsy, etc.):

None

Yes, please specify:

Mental Health Conditions (optional but recommended, e.g., anxiety, depression, ADHD):

None

Yes, please specify:

3. Medications

Please list any medications the participant is currently taking and instructions for administration.

Is the participant currently taking any medications?

Yes

No

If yes, please specify:

Medication: _____

Frequency: _____

Is the participant able to take it without supervision: _____

Are camp staff allowed to administer medication if needed?

Yes

No

Can the participant receive over-the-counter medications (e.g., pain relievers, antihistamines, etc.) for minor symptoms?

Yes

No

4. Immunization Record

Date of last tetanus booster: _____ (DD/MM/YYYY)

5. Dietary Restrictions

Please specify any allergies, restrictions, or preferences.

Food Allergies (e.g., nuts, dairy, gluten, etc.):

None

Yes, please specify:

Dietary Preferences (e.g., vegetarian, vegan, halal, gluten-free):

None

Yes, please specify:

6. Physical Activity Limitations

Are there any physical limitations or restrictions that affect the participant's ability to join camp activities?

No

Yes, please specify:

Has the participant undergone any recent surgeries or hospitalizations that require care?

No

Yes, please specify:

7. Consent for Treatment and Medication Administration

By signing below, I confirm that:

- All information provided above is accurate and complete to the best of my knowledge.
- I give consent for camp staff to administer any medication listed above as per the instructions provided.
- I give consent for camp staff to administer over-the-counter medications as needed, unless indicated otherwise above.
- In the event of a medical emergency, I authorize the camp staff to seek necessary medical treatment for the participant. This includes transportation to a medical facility and communication with healthcare providers.

I give consent for the camp to share relevant medical information with healthcare professionals in case of need.

8. Fitness for Participation

To the best of your knowledge, is the participant fit to participate in camp activities (hiking, swimming, group sports, etc.)?

Yes

No

If no, please explain:

9. Insurance Information (For EU-Swiss citizens)

Health Insurance Provider: _____

Policy Number: _____

10. Signature and Consent

By signing below, I confirm that I have read and understood the contents of this form and that I consent to the above conditions.

Participant Name: _____

Signature of Parent/Guardian (if participant is a minor):

Date: _____