Medical Information Form

Identity

With this individual medical form, you give all necessary information about yourself to the leaders of the international campground of Krinkel. The leadership team will treat this information confidentially. The form will be consulted only in case of illness or an accident.



Fill in this form as completely as possible and print it 2 times. Give one form to the leaders at Krinkel and keep one in your luggage.

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First name					
Last name					
Gender		Date of birth			
E-mail address					
Phone number					
Phone number parents/guardian					
Who to contact if your parents/guardian cannot be reached?					
Name					
Phone number					
Address					
Address					
Street & nr.					
City				Zip code	
Country					

Medical information Previous diseases or surgical interventions? Are you vacinated against tetanus? O Yes, in the year \bigcirc No Do you suffer from following conditions? Asthma O Yes O No **Epilepsy** Yes \bigcirc No Heart disease Yes O No Hay fever O Yes O No Skin condition O Yes O No Rheumatism O Yes O No Sleepwalking O Yes O No Diabetes O Yes O No Allergy to certain foods Allergy to certain substances

Allergy to certain drugs

Kipdorp 30 - 2000 Antwerpen (B) Mail: internationaal@krinkel.be

	(A)
What do the leaders need to know about the conditions above? What should happen in case of emergency?	L N N
Other	
Vegetarian, halal or another diet?	
If yes, specify:	
Do you need to take any medication during the camp?	
If yes, what and how many times?	
Do you get tired quickly? O Yes O No	
Can you participate in sports and games?	
Can you swim? O Yes O No	

Kipdorp 30 - 2000 Antwerpen (B) Mail: internationaal@krinkel.be Fill in this form as completely as possible and print it 2 times. Give one form to the leaders at Krinkel and keep one in your luggage.

Leaders can - except first aid - not perform medical procedures on their own initiative. Without parental consent, leaders can't administer mild analgesic or antipyretic medications. Below, you can give them that permission, so that such concerns do not have to be treated by a doctor. At Krinkel there are doctors standby in case participants need emergency medical help.



We give permission to the leaders to administer, in case of urgency, a dose of mild analgesic and antipyretic medication to our son or daughter

○ Yes ○ No

The undersigned certify that the information provided is complete and correct

First and last name	
Date	
Signature	