

# JAMCAMP MEDICAL FORM

Must be completed by a parent or guardian • Fields marked \* are required

CONFIDENTIAL - Medical information for authorised camp personnel only

## 1 CAMPER IDENTIFICATION

Camper's Full Name \*  Date of Birth (dd/mm/yyyy) \*  Age \*

Sex  Male  Female \*  First-Time Camper?  Yes  No \*  Date of Last Tetanus Shot (mm/yyyy) \*

## 2 PARENT / GUARDIAN INFORMATION

Parent or Guardian's Full Name(s) \*

Business Phone \*  Home Phone \*  Mobile Phone \*

Home Street Address \*  Parish \*

Email Address \*  Country \*

## 3 EMERGENCY CONTACT (other than parent/guardian)

Alternate Emergency Contact Name \*  Relationship to Camper \*  Mobile Phone \*

Authorised Person's Government-Issued ID Number \*  Alternative Phone

## 4 PHYSICIAN & INSURANCE DETAILS

Physician's Name \*  Physician's Phone \*

Insurance Company \*  Policy Number \*

Insurance Company Street Address \*  Parish \*

City \*  Country \*

## 5 HEALTH HISTORY

Does your child have any of the following? Check all that apply. For every box checked, provide details in the Explanations field below. If your child has a chronic condition, include the usual method of treatment. Any chronic condition may require a release letter from your child's physician. Where medication is involved, ensure your child brings the medication to camp in the original labelled container identifying the prescribing physician, drug name, dosage, and frequency.

**If your child has a chronic condition, attach additional documentation from the physician.**

High Blood Pressure   Allergies to Medications

Bronchitis   Fainting Spells

Ear Problems   Recent Sports Injury

Reactions to Insect Bites / Stings   Allergies to Foods

Stomach Problems

Allergies to Non-Prescription Drugs

Seizures / Epilepsy

Diabetes

Other (describe below)

Hay Fever / Sinus Problems

Emotional Needs

Asthma

Anaphylactic Reactions

**Explanations (attach extra sheet if needed)**

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**6 MEDICATIONS & SPECIAL NEEDS**

**Medicines taken daily (include name, dosage and frequency)**

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**Medicines taken when necessary (include medications used during the school year)**

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**Has your child been hospitalised in the last year?**  Yes  No

If yes, please give a brief explanation:

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**Other special needs - physical limitations, emotional needs, or dietary restrictions**

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**7 ADDITIONAL MEDICAL FORMS REQUIRED (where applicable)**

Please complete and attach all forms that apply to your child:

Anaphylactic Reaction Form

Diabetes Form

Food Allergy Form

Asthma Form

Seizures / Epilepsy Form

Other (specify on form)

**8 WAIVER OF LIABILITY & AUTHORISATION FOR TREATMENT**

### Waiver of Liability

I, as a parent or guardian of the camper named above, hereby give my permission for the camper to attend and participate in all activities at The Swamp, sponsored by the Kingston Church of Christ, located on Life in Abundance (LIA) Grounds in Mandeville. To the extent permitted by law, I agree not to hold the Kingston Church of Christ, its camp employees and volunteers, and all individuals associated with the programme liable for any injury or harm to my child as a result of participation in camp activities or while my child is in transit to or from any programme activity. I also give permission for the authorised contact person listed above to collect my child in an emergency if I am unable to do so.

### Authorisation for Medical Treatment

In the event that emergency medical or dental treatment is needed, I hereby give permission to the camp directors and nurse to seek any treatment they deem necessary, including X-rays, routine tests, and necessary transportation. If I cannot be reached in an emergency, I give permission to the physician selected by the camp to secure and administer treatment, or to order injections, anaesthesia, or surgery, including hospitalisation, for the child named above. I acknowledge that I will be responsible for payment of all charges related to medical or dental services provided.

## 9 DATA PRIVACY CONSENT

Medical information collected on this form will be kept strictly confidential and shared only with camp medical and safety personnel as required. All information is handled in accordance with applicable Jamaican data protection requirements.

## 10 PARENT DECLARATION & SIGNATURES

I certify that the information provided on this form is complete and accurate to the best of my knowledge. I agree to notify camp management of any changes in my child's medical condition before or during camp.

Signature of Parent / Guardian

Print Name

Date

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### FOR CAMP USE ONLY - Medical Officer Review

Reviewed By (Print Name)

Signature

Date

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*This form contains confidential medical information. Store securely and destroy appropriately after the camp season.*