

# TSC SUMMER CAMP FORM

Name:

Address:

Phone Number:

Mobile Number:

Email Address:

Birthday:

## IN CASE OF EMERGENCY, PLEASE CONTACT:

Name:

Relationship:

Address:

Phone Number:

Mobile Number:

Allergies:

YES

NO

Allergic to:

Severity:

Reaction:

Medications:

Dose:

Does your child require an EPIpen?

YES

NO

\* IF SO, please pack an EPIpen & notify us \*

Medical conditions: (diabetes, asthma etc?)

Permission for paracetamol:

YES

NO



\* PLEASE COMPLETE DIETARY REQUIREMENT FORM ATTACHED \*  
THIS IS COMPULSORY FOR ALL ATTENDEES

# TSC SUMMER CAMP FORM



Dr's Name :

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Phone number :

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Medicare Number:

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Medicare Reference number:

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## HEALTH INSURANCE - IF APPLICABLE

Provider:

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Membership number:

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Expiry Date:

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Phone Number:

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Ambulance cover:

YES

NO

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Permission for ambulance / hospital treatment:

YES

NO

Parent/ Guardian Signature:

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Date:

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