

**Somerville Intermediate School  
Parent Medical / Health Form**



This is to confirm that I, \_\_\_\_\_ D.O.B. \_\_\_\_\_

Parent of \_\_\_\_\_ in Room \_\_\_\_\_

will be attending the Motutapu camp experience on \_\_\_\_\_(date)

in the capacity of \_\_\_\_\_

Mobile number: \_\_\_\_\_

**Medical Alert** Number if applicable ( \_\_\_\_\_ )

**Water safety**

I would classify myself as:-

(please tick the box)

**Non-swimmer** - not confident in the water, unable to swim at all.

**Weak swimmer** - able to float but not able to swim confidently for more than 10 metres.

**Swimmer** - able to swim confidently for up to 50 metres.

**Strong swimmer** - able to swim confidently for over 100 metres.

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

**Medical**

**Please list any medical condition which you have and give the necessary information below eg. asthma, epilepsy hepatitis, sting allergies, sinus etc.** (This will remain confidential and we hope it will enable a medic to handle any situation with knowledge and care. Also please add any particular medical care necessary for your condition in an emergency situation.)

**Please also enter any food allergies or specific food requirements for religious observation.**

---

---

**Person to contact in an emergency situation**

Name \_\_\_\_\_ Phone \_\_\_\_\_

**To the best of my knowledge, I have not been in contact with any infectious disease for the last four weeks and have no disability nor suffer from any complaint likely to prove detrimental to myself or others while on camp.**

**I agree to abide by the expectations including the ban of any alcohol/cigarettes/vaping.**

**I understand that parents going on camp attend at no cost.**

**I agree to complete the attached New Zealand police consent to disclosure form.**

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Signed: \_\_\_\_\_ Date: \_\_\_\_\_