

# ASIA Youth Camp

www.asiayouthcamp.com

---

## CONFIDENTIAL MEDICAL FORM

The information you provide to ASIA Youth Camp in this form will be used only to the extent necessary to provide medical care or evaluate fitness for the Camp. The collection, use, and disclosure of your personal information is governed by the ASIA Youth Camp Privacy Policy, available at <http://www.asiayouthcamp.com/terms-conditions/privacy>.

### ***Who should complete this form?***

If you have indicated that you have a pre-existing medical condition and will be participating at ASIA Youth Camp, you are required to complete this form.

Please note ASIA Youth Camp will assess the information contained in this form and reserve the right to ask for further physician assessment for any participant/s.

Please ensure that you have confirmed with a medical professional that you are medically fit to participate at ASIA Youth Camp that you had booked.

### ***Why do I need to complete this form?***

We conduct our Camp/s at remote areas where limited medical facilities exist. Should a medical emergency arise, we are armed with the necessary information to help you.

You must provide complete, accurate, and up-to-date information on this form to allow ASIA Youth Camp to safely accommodate you. ASIA Youth Camp reserves the right to deny participation to any participant.

If you do not disclose a medical condition and are subsequently deemed to be unfit for participation due in whole or in part to such condition, ASIA Youth Camp shall have the right to remove you from the Camp with no refund or compensation payable.

If there are any changes to your medical condition or otherwise to your responses below after submission of the form to ASIA Youth Camp, you must notify ASIA Youth Camp immediately of that change. ASIA Youth Camp reserves the right to request an up-to-date certification from a licensed physician in the event of such a change. If the information contained in this form is found to be inaccurate as of your date of participation and you have not provided ASIA Youth Camp with notice of such change, you may be removed from the Camp with no refund or compensation payable.

You must provide ASIA Youth Camp with current information prior to arrival or confirm your information has not changed.

### ***What happens if I do not complete this form?***

In the event you have made a booking with ASIA Youth Camp and are unable or refuse to complete this medical form for any reason by the final payment date as specified in our terms and conditions, ASIA Youth Camp reserves the right to cancel your booking as of that day and applicable cancellation penalties will apply.

**\*\* Please return this form by e-mail to 'office@asiayouthcamp.com'\*\***

## CONFIDENTIAL MEDICAL FORM

### SECTION 1

#### GENERAL INFORMATION - Please complete all fields

Participant name: \_\_\_\_\_

Camp name: \_\_\_\_\_

Dates of Camp period: \_\_\_\_\_

### SECTION 2

#### MEDICAL INFORMATION - Please complete all fields

1. During the last 5 years, have you suffered any significant illness, been hospitalized, or required regular care by a doctor?

☐ Yes ☐ No

If YES, please indicate reason:

\_\_\_\_\_

2. Have you ever had any of the following: Yes No

a) Tuberculosis, chronic bronchitis, emphysema, or any other lung problems? ☐ ☐

b) Asthma affects my everyday activities and/or I use medication or an inhaler regularly ☐ ☐

c) High blood pressure, heart or respiratory problems, or rheumatic fever? ☐ ☐

d) Gout or arthritis or any back, leg or foot problems? ☐ ☐

e) Gastric or duodenal ulcer, colitis, or intestinal trouble? ☐ ☐

f) Epilepsy or fits of any kind? ☐ ☐

g) Kidney or bladder disease? ☐ ☐

h) Diabetes, cancer or tumour of any kind? ☐ ☐

3. Do you have any physical limitations, handicaps, or prosthesis? Do you have difficulty walking or use a device for mobility assistance such as crutches, cane, or wheelchair? ☐ ☐

If YES, please specify: \_\_\_\_\_

4. Do you take medication or drugs related to a pre-existing medical condition? ☐ ☐

5. Do you have any allergies, or reactions to any medication or drugs? ☐ ☐

If YES, please specify: \_\_\_\_\_

7. Are you affected by any other pre-existing medical conditions not listed above? ☐ ☐

If YES, please specify: \_\_\_\_\_

**\*\* Please return this form by e-mail to 'office@asiayouthcamp.com' \*\***

## CONFIDENTIAL MEDICAL FORM

I, \_\_\_\_\_ as the parent/legal guardian for \_\_\_\_\_, have read the Camp details and am familiar with both the physical demands, and the remote location(s) of the Camp's itinerary, and the fact this Camp may travel far from any medical facilities.

I am also aware that this Camp may not be suitable for persons with mobility issues and conditions on the Camp may pose an increased risk or be inaccessible to participants with mobility issues.

With this knowledge, I have considered the suitability of this Camp, and to the best of my knowledge I believe my son/daughter \_\_\_\_\_ is physically and psychologically fit to undertake this Camp.

I further declare the answers provided above to be accurate and complete.

Name of parent/guardian: \_\_\_\_\_

Name of participant: \_\_\_\_\_

Date of Camp: \_\_\_\_\_

Signature of  
Parent/legal guardian

Name:

Date: