

**JUYING SECONDARY SCHOOL  
PERSONAL HEALTH DECLARATION FORM**

**To be filled out by the parents or guardian**

Name of pupil: \_\_\_\_\_ Class: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Name of parent or guardian: \_\_\_\_\_ Pg/Hp: \_\_\_\_\_

Home address: \_\_\_\_\_ Tel: \_\_\_\_\_

Office address: \_\_\_\_\_ Tel: \_\_\_\_\_

**If person name above is not available in the event of an emergency, please notify:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Tel: \_\_\_\_\_ Pg/Hp: \_\_\_\_\_

**Medical information past or present ( please circle where appropriate )**

Any medical illness:

\_\_\_\_\_

Allergies:	Food	Yes / No	Plants	Yes / No
	Medicines	Yes / No	Insect bites	Yes / No

Details: \_\_\_\_\_

When did you had your last Tetanus Shot: \_\_\_\_\_ Never had:

Any reason to restrict full activity including swimming, long hikes, backpacking, strenuous physical games ? Yes / No ( please circle where appropriate )

List any condition limiting full participation (Physical or emotional e.g. Fracture, head or spine injury):

\_\_\_\_\_

List any medicines to be taken at camp and directions for use.

\_\_\_\_\_

Name of Family Doctor & Clinic \_\_\_\_\_ Tel: \_\_\_\_\_

**Require Vegetarian Diet: YES / NO**

\_\_\_\_\_  
I, \_\_\_\_\_ declare that the information above is true to the best of my knowledge. I understand also that my child's health and fitness will be borne in mind during the course of the activity.

\_\_\_\_\_

Signature of Parent/Guardian

Date