



注意 - 請於入營第一日交回此表

ATTENTION - Bring this completed form with you on the First (1st) day of camp. DO NOT MAIL

請用英文正楷填寫此表格 Please complete this form in English in LEGIBLE BLOCK LETTERS

Camper Contact Information:

COURSE CODE: _____ **COURSE NAME:** _____

Camper's Name: _____ Surname / _____ First Name (Full Name)

Date of Birth: D / M / Y Home Ph.# : _____ YMCA Membership No.(if applicable): _____

Gender: M / F Email Address: _____

Mailing Address: Flat _____ Floor _____ Block _____ Estate/Court _____

Street _____ District _____

School: _____ Current Grade: _____

How did you get information about us? ☐ Website ☐ Brochure ☐ Family/Friends ☐ Email

Would you like to receive camping news update through ☐ Email ☐ Mail ☐ No, thanks

Parent Information:

Initial Contact

Name: _____ Office Ph. #: _____ Mobile Ph. #: _____

Second Contact (If we are unable to contact the above person)

Name: _____ Relationship: _____

Office Ph. #: _____ Mobile Ph. #: _____

Medical History:

1. Does your child have any allergies (敏感)? ☐ Yes ☐ No

If Yes, please specify: Food(s) _____

Drug(s)/Chemical _____

Others _____

2. Does your child have any special conditions we should be aware of? ☐ Yes ☐ No

If 'Yes', please identify by placing a tick in the appropriate box:

☐ Asthma (哮喘) ☐ Epilepsy (羊癇症) ☐ Diabetes (糖尿病) ☐ ADHD ☐ Car Sickness (暈車)

☐ Others _____

3. Does your child have any physical limitations which may affect his/her participation in the camp?

☐ Yes ☐ No (If Yes, please explain: _____)

4. Is your child taking any medication at the present time? ☐ Yes ☐ No

* If your child needs to take medication during camp time, please fill in the Medical Authorization form at the back. *

5. Additional information that may require special attention: _____

Other Information:

Can your child be dismissed from camp by themselves at the end of the day? ☐ Yes ☐ No

My child feels comfortable in water ☐ less than 0.5m ☐ less than 1.2m ☐ above 1.2m (dependent on venue availability)

For Lamma Island Camps - Can your child swim 25 meters independently without swimming aids?: ☐ Yes ☐ No

I understand that the above information assists YMCA staff in ensuring the safety and well being of my child. I understand that the YMCA reserves the right to send home ill children or staff. I therefore acknowledge that the above information is complete and correct, and that I have filled out all sections of this form to the best of my knowledge.

Parent/ Guardian Signature

Date

如 貴子弟需於活動期間使用任何藥物，請填寫此表格並在入營第一日把表格及藥物一併交給活動負責人。

Please fill out this form if your child needs to take medicine during the camp time. Please pass the medicine and this form to the camp co-ordinator together during registration time.

☐ My child will take the medicine by himself/herself.

敝子弟將自行服用藥物。

☐ YMCA staff may keep the medication and supervise the intake of the medication at time listed below.

藥物將由青年會導師保管並協助敝子弟於下列時間服用。

Name of Child: _____

藥物名稱 Name of Medication:	使用份量 Dosage:	使用時間 When to Give:
1. _____	1. _____	1. _____
2. _____	2. _____	2. _____
3. _____	3. _____	3. _____
4. _____	4. _____	4. _____
5. _____	5. _____	5. _____
6. _____	6. _____	6. _____

Notes & Information: _____

Prescribing Physician: _____ Continue Until: _____

Signature of Parent or Guardian: _____ Date: _____

Do Not Exceed Permitted Dosage!

Medication	Amount	Time	Date	Staff Signature
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Date of Medication Returned to Parents: _____ Signature: _____