

CONDITION FORM



I have read the information about the **Winter Camp 2018** and I

- want** to register my child **do not want** to register my child:

for Winter Camp 2018 from December 8th to 9th at the scout hut / camp site of of the scout group "Klosterneuburg 1".

FOR REGISTERED CHILDREN, PLEASE ANSWER THE FOLLOWING QUESTIONS:

My child

- has a **Top-Jugendticket** for the **whole Verkehrsverbund Ost (VOR)**.
 has a Jugendticket **just for traveling to school**.

My child has following **medial specials** (asthmas, ...) **or allergies** [Please also describe reaction (swelling, breathlessness, ...) and the indicated action to be taken ((epi-pen, antihistamine, ...)] : _____

My child has his/her **own medicine** with him/her (please give this to the leaders) and must take this medication as follows [Please also describe medication and dosis/intervals of taking]:

My child is **vaccinated against tick bite fever** (Zeckenimpfung): YES NO

Medical **Insurance**: _____

My child has the following **diets**: vegetarian lactose-free
 gluten-free no pork
 others: _____

My son/daughter may **travel with the leaders in a private car**, if necessary: YES NO

During the time of camp, I can be contacted at the following **address** and **phone numbers** in case of emergencies:

I understand that my child will be sent home at my expense if he or she should persistently disobey the instructions of the leaders.

DATE: _____

SIGNATURE _____