

CONSENT FORM

PARENT OR GUARDIAN IS REQUESTED TO FILL THIS FORM in BOLD AND SEND IT TO US

Name of Camper			
Gender: M / F	Age:	DOB:	
Address:			
Email:	Blood Group:	Mobile:	
Medical			
State any disability or illness (ex. Epilepsy, asthma, allergies, etc.)			
Are you on any specific medication?			
Mention history of injury, surgery, etc. If any?			
Do you have any food allergies?			
Emergency contact person			
Address:			
Mobile/ Landline:			

I clearly understand the nature of the camp and agree to send my child.

He/ She will abide by the rules and regulations laid by the Organizers/ Outdoor Guides from time to time during the camp period and I hereby declare that I/we have not hidden any necessary information regarding his/ her health, history of injury etc.,

Parents/Guardian Name:

Name of Camper:

Signature

Signature



UESI

KERALA