



Camp Global® 2018 – Winter Edition in Kuala Lumpur (12th to 14th Dec)
Consent and Indemnity Form

Child's Particulars

Child's Name: _____

Birth Certificate Number: _____ **Gender: Male / Female**

Date of Birth: _____ **T-shirt Size: S / M / L / XL**

Address: _____

Email: _____

Indemnity Form

I, parent/guardian of _____, understand and certify that my child's participation in Camp Global® and its activities is completely voluntary.

I recognize that certain hazards and dangers are inherent in Camp Global® activities and programs. I understand that although The Therapy Room (**hereinafter including and not limited to the organisation, management, all staff and other related personnel*) has taken safety measures to minimize the risk of injury to camp participants, The Therapy Room cannot insure nor guarantee that the participants, equipments, premises, and/or activities to be free of hazards, accidents, and/or injuries.

I acknowledge that The Therapy Room will not be held liable for any injury, including death, that may be suffered by my child which arises either directly or indirectly from, or in connection with, the Camp Global® activities or programme.

I hereby agree to indemnify The Therapy Room against any and all claims, charges, proceedings (whether civil or criminal), and liabilities arising from, or in connection with any injury that may be suffered by my child, or that my child may cause to another person, and whether arising under statute or common laws of both Singapore and Malaysia.

I indemnify The Therapy Room against any loss or damage to property, equipment or personal effects belonging to my child, or any other person arising, either directly or indirectly from, or in connection with the Camp Global® programme.

Parent/Guardian Signature

Date

Dietary Requirements:

Please identify any special dietary needs/allergies/restrictions your child has:

Special Attention and Medical Conditions:Does your child suffer from any of the following? *(Please circle all that applies)*

| | |
|--|---|
| Attention Deficit Hyperactivity Disorder | Anxiety Disorders (e.g. Social Anxiety) |
| Asthma | Autism Spectrum Disorder (ASD) |
| Depression | Diabetes |
| Epilepsy, fits or blackouts | Global Developmental Delay (GDD) |
| Headaches/Migraines | Intellectual Disability |
| Selective Mutism | Skin conditions (e.g. Eczema) |

*(Kindly provide details for any of the above circled condition(s).)*Any medical allergies? **(Yes / No)**

If yes, please specify _____

Any other disabilities or chronic illnesses? **(Yes / No)**

If yes, please specify _____

Any other medical conditions? **(Yes / No)**

If yes, please specify _____

A current or recent ailment (E.g. flu, recent injuries, hospitalisation) **(Yes / No)**

If yes, please specify _____

Informed Consent

I _____ (parent/guardian) of _____, give permission for my child to attend Camp Global® 2018 Winter Edition in Kuala Lumpur, from 12th December 2018 to 14th December 2018, and the activities conducted in association with this event. I also agree to meet necessary costs, when applicable. Please specify if you do not wish for your child to participate in certain activities.

I hereby confirm that I have given all necessary medical information, and that which I have given is true and accurate.

I ***give / do not give** consent to basic first aid care for my child if required.

Note: All members or staff of The Therapy Room are prohibited from administering Paracetamol, other pain relievers or medications. If you believe your child will require medications, please make your own arrangements with your child.

Parent/Guardian Signature_____
Date**In Case of Emergency:****Name:***(Father)***Contact Number:***(Mother)**(Carer/Guardian/Other)*

