



**2019 Camp Global® Series  
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:** \_\_\_\_\_

**Camp Global®:** Travel Light! (March) / Summer (Child) / Summer (Teens) / Summer (Penang) / Travel Light! (Sept) / Winter (Child) / Winter (Teens)

**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 Singapore.

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® \_\_\_\_\_ 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)*