**Emergency sheet**

Please return this emergency sheet in the sealed emergency envelope on the first day of the line's camp. All information will be kept strictly confidential by the management. Please specify any medication required during storage! (when, how much, what)

|  |  |
| --- | --- |
| **Participant** | **Parents/ Legal Representation** |
| Name:  Address:  Postcode/ City:  Phone:  Mobile :  Date of birth:  Occupation:  Home town : | Name:  Address1:  Postcode/ City:  Phone:  Mobile :  Date of birth:  Occupation:  Home town :  1 during Treehouscamp |
| **insurance**  Accident Name :  Address:  Health insurance Name :  Address:  Liability Name :  Address: | |
| **family physician**  Name: Address :  Phone: Mobile : | |
| **state of health**  O No complaints  O Recent disease treatment completed?  - ……………………… .. O yes O no  -……………………… ..  - ……………………… .. | |
| **allergies**  O hay fever  O Bee/ wasp stings  O Food (product)  O asthma (at/after)  O\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  O\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Childhood diseases Drugs**  Passed through vaccinated  Mumps O O  Scarlet O O  Measles O O  Rubella O O  Wild Leaves O O | Currently taking the following medications:  O Is able to do this on its own  take. |
| **Remarks** (possibly on back or separate sheet)  (bedwetting, back problems, supplements to allergies, state of health) | |
| **Enclose copies of the following documents (no originals!)**   * Copy vaccination cards * Copy allergy passport * Copy of health insurance card   Insurance: This is the responsibility of the participants. | |
| I have read and understood the terms and conditions of the insurance policy and the  Health condition noted.  Place/date: Signature of legal representative:  © Sam Brüngger 09/06/09 | |