

**Camp Session: A (20/6-4/7), B (4/7-18/7), C (18/7-1/8), D (1/8-15/8), E (11/8-25/8)**

<b>Doctor's Name &amp; Surname</b>		<b>Doctor's tel.</b>	
<b>Camper's Name &amp; Surname</b>		<b>Parent /Guardian Name &amp; Surname</b>	
<b>Date of Birth</b>		<b>Parent /Guardian 1<sup>st</sup> contact tel.</b>	
<b>Camper SSN</b>		<b>Parent /Guardian 2<sup>nd</sup> contact tel.</b>	
<b>Weight (kg)</b>		<b>Blood Group</b>	

- **Is the camper under medical treatment?** Yes  No  If Yes, please specify:

*Diagnosis, Medicine & Dosage:*

- **Has the camper went through COVID-19?** Yes  No  If Yes, please specify:

*When? Was hospitalization necessary?*

- **Is there a G6PD enzyme deficiency?** Yes  No  / **Any other enzyme deficiency?** Yes  No

*If Yes, please specify:*

- **Is the camper allergic to:**

- medicines? Yes  No  .....
- foods? NAI  OXI  .....
- insects? NAI  OXI  .....
- other? (pollen, pines, etc.)? Yes  No  .....

*If Yes, what is the treatment?*

- **Has the camper ever presented:**

- bronchial asthma? Yes  No  .....
- spastic bronchitis? Yes  No  .....
- epileptic seizures? Yes  No  .....
- convulsions? Yes  No  .....

*Any additional information?*

- **Does the camper suffer from:**

- chronic, infectious, or contagious illness? Yes  No  .....
- skin condition (re: the pool)? Yes  No  .....

*Any additional condition?*

- **Childhood diseases:** (e.g., chickenpox, measles, mumps, scarlet fever, rubella, etc)

• **Heart Conditions – Has the camper ever:**

- been diagnosed with a cardiac disorder or hypertension? Yes  No  .....
- fainted during or after physical exercise or without visible cause?  
Yes  No  .....
- experienced pain, a feeling of pressure or weight on their chest, cough, or difficulty breathing during physical exercise? Yes  No  .....
- Does the camper become tired or out of breath during physical exercise much more easily than other children at the same age? Yes  No  .....
- complained that their heart beats fast or irregular(arrhythmia) during physical exercise? Yes  No  .....

Any additional information:

• **Has the camper presented problems at night? (bed-wetting, sleepwalking etc)?** Yes  No

If Yes, please specify:

• **Is the camper fully vaccinated?** Yes  No  If not, please specify which vaccinations remain to be done:

• **Has the camper had the anti-tetanus vaccination?** Yes  No  If Yes, please specify:

How many doses:

Date of last dose:

• **Has the camper ever suffered pain or a serious injury in bones, muscles or joints?** Yes  No

If Yes, please specify:

• **Has the camper been hospitalized or had surgical procedures?** Yes  No

If Yes, when?

Please, specify:

• **In minor injuries, does the bleeding stop easily?** Yes  No

If NO, please specify:

**Any additional information regarding the health and the behaviour of the child which the Camp should be aware of?** (e.g melancholia, socialization, aggressiveness, hyper-activity, speech problems, vision or hearing impairments)

Yes  No

If Yes, please specify:

**Do you believe that the camper is physically able to participate in all G.A. KALYVAS S.A. outdoor, sport, swimming activities?** Yes  No

*\*The above data are absolutely confidential. The data will be used exclusively to keep the medical and nursing staff informed so as to provide the best possible care.*

Parent / Guardian Full name & Signature

Doctor's Full name, Signature and Stamp