Statement of HealthReturn with your Registration Please!

Name of Child:		Age:
 If your child has special needs or behaviou not be equipped to handle certain needs. 	r difficulty, please discuss wit	h Camp Staff before registering. We may
 Does your child have any life threatening of the property of the		
Is your child bringing any medication with NO YES, if yes explain:		
 Indicate if your child currently, or stollowing: Appendicitis; Ear Infection; I 		·
Hepatitis; Severe Stomach Ache_ Tonsillitis; Chicken Pox; Faint OTHER:	ting; Sinusitis;	betes; Measles;
Date of last Tetanus Shot:		
Name of Family Physician:	n: Physician's Phone:	
Precautions are taken for the safety of your staff and volunteers are hereby released fro		ccident, or sickness, Wendo Retreat, its
In the event that your child requires special notified immediately.	medication, x-rays, or treatm	ent, the parents/guardians, will be
Our camp First-aider will have some over-the stomach, bug bites, cuts & scrapes, sun burn will be called.		
Any medication your child receives through the camp upon registration.	prescription can be administe	ered at camp, provided you have notified
This letter must be signed and subm	nitted at registration of o	camp.
l	give consent fortions for general ailments.	
to receive over the counter medicat	ions for general ailment	CS.
Parents/Guardian Signature:		Date:
Contact Phone #'s: Home:	Work:	Fmergency:

Email: admin@wendoretreat.org Cell: +254 710 707 564