



*My African Dream Children's Trust*  
*'Making their Dreams come True'*

www.myafricandream.org.za P O Box 22706, Scarborough 7975.

Tel / fax 021 780 1353 | cell 084 680 1354 | email: info@myafricandream.org.za

**CAMP AFRICA PARTICIPANT INFORMATION SHEET**

***My African Dream Children's Trust requires that the parents or legal guardian of each participant that takes part on any Camp under our auspices needs to complete this information sheet. The information is required in case of any emergency that may arise. All information listed below will remain confidential.***

NAME OF CHILD:.....

SCHOOL:.....

NAME OF PRINCIPAL:.....

AGE:..... GRADE:.....

PARENTS/ GUARDIANS DETAILS:

MOTHER NAME:.....

TEL.NO (W):..... (H).....

CELL:.....

E MAIL ADDRESS:.....

FATHERS NAME:.....

TEL NO: (W)..... (H).....

CELL:.....

In case of an emergency and you or your husband are not available, who should we contact:

NAME:

RELATIONSHIP TO CHILD:

TEL. NO : (W).....(H).....

CELL:.....

Family Doctor or Hospital that your child attends:

DOCTORS NAME:.....

TEL NO:.....

HOSPITAL NAME:.....

TEL NO:.....

**Medical Information of Participant:**  
**Please circle your choice and provide details where required.**

1. IS YOUR CHILD IN GOOD PHYSICAL HEALTH?            YES                            NO

2. IF NO, WHAT IS WRONG WITH YOUR CHILD?.....  
.....  
.....

3. IS YOUR CHILD ON ANY TYPE OF MEDICATION?        NO                            YES

4. IF YES, PLEASE PROVIDE DETAILS:.....  
.....

5. IS YOUR CHILD CAPABLE OF COMPLETING AN EASY 1 HOUR GUIDED WILDERNESS HIKE?

YES                            NO

6 CAN YOUR CHILD SWIM:                                            YES                            NO.

7. IF NO PROVIDED DETAILS: .....  
.....

8. IS YOUR CHILD ABLE TO TAKE PART IN AN ADVENTURE COURSE, WITH CLIMBING  
BALANCING AND A ZIPLINE?                                            YES                            NO

9. IF NO, PLEASE ADVISE WHICH PART OF THE ADVENTURE COURSE YOU WOULD NOT WANT  
YOUR CHILD TO TAKE PART IN?

NO RAFTBUILDING            NO CLIMBING            NO RUNNING            NO ZIPLINE

.....  
.....

10. ANYTHING ELSE THE CAMP DIRECTORS SHOULD KNOW ABOUT YOUR CHILD:

.....  
.....

.....  
SIGNED BY PARENT/GUARDIAN:

DATE:        /        / 20...