



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

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**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:.....

