

KAMO INTERMEDIATE PACIFIC ISLAND TOUR
Health & Safety Profile

Student/ Travel Parent: _____ **Room:** _____

To the best of my knowledge, I/ my child do not have a pre-existing medical condition that would effect the medical coverage included in the Group Travel Insurance Policy.

To the best of my knowledge, I/ my child has not been in contact with any infectious diseases in the last four weeks.

I/ my child has no disability nor is suffering from any complaint likely to be detrimental to himself/ herself or any one else while on the trip.

I consider myself / my child to be physically fit and able to participate in the activities on tour.

In the event of accident or medical emergency, I authorise the obtaining of such medical assistance as may be necessary.

My child is/ I am up to date with all inoculations. YES/ NO

Please supply information if alternative medication has been / is used.

My / my child's last tetanus vaccination was _____

Please write below any health concerns/ allergies etc. These will be treated as confidential.

(Please specify) _____

Please give any medication that your child may need to the Tour Leader prior to the date of departure in a named clear plastic bag with any instructions on dosage included.