



MEDICAL HISTORY

Group: _____

Team: _____

Surname:		Name:	
Father's full Name:		Mother's full Name:	
Age:	Blood Type:	Weight:	
Child's AMKA :		Parent AMKA for child's insurance:	

Have you been fully vaccinated for the usual predicted infectious diseases, such as measles, tetanus, etc.?

Yes		No		If not, which vaccines are left to be done?
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Does your child suffer from any condition such as asthma, diabetes, Mediterranean anemia, heart disease, spastic bronchitis, GPD enzyme deficiency, epilepsy) requiring medical supervision?

Yes		No		If yes, what?
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Does the child has any type of food allergy, medicine, animal, particular environment, dust or anything else?

Yes		No		If yes, what type of allergies and to what?
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Has your child undergone any major illnesses?

Yes		No		If yes provide details of what and when:
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Does your child suffer from any psychological conditions such as bedwetting, sleepwalking, nail-biting, etc?

No		No		If yes provide details of what and how frequently:
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Is your child currently taking medication?

Yes		No		If yes, for what condition and what dosage?
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Has your child been diagnosed with a developmental disorder, such as Asperger's Syndrome, Tourette's Syndrome, Autism, Attention Deficit Hyperactivity Disorder, etc.?

No		No		
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If yes, when was the diagnosis made?

Is your child under the supervision of a specialist?

Medicines (even paramedical preparations) are exclusively delivered to the Camp Doctor at "The Ranch" by the parents themselves / guardians and remain at the Camps infirmary until the child leaves the camp. Parents / guardians take on their sole responsibility to inform the camps doctor duly of the reason for receiving the medication, its recommended dosage and to inform him of the name of the physician who recommended the treatment, his telephone number and the prescription .

Campers are explicitly prohibited from carrying any medication or paramedics during their stay in the camp.

Would you like to draw our attention to something else about your child's health or behavior?

Is the camper in a high risk group? If so, why?

Does the child have any underlying disease (e.g. respiratory/cardiovascular)?

→ I declare responsibly that this newsletter / medical history includes my child's complete and true medical history, and that up to today no other health or allergy problems have occurred, according to relevant medical certificates

→I consent to the administration by the "The Ranch" medical staff , antiseptics / painkillers (with paracetamol or ibuprofen as the main active ingredient), if deemed necessary to treat any symptoms of the camper's illness. Any parent / guardian's oral recommendation on the administration of any medication, drug or drug will be disregarded unless provided in writing and accompanied by a physician recommendation.

→I consent to the self or rapid test being carried out by the camp doctor.

→I consent to the use of necessary active substances, by the Ranch physician if deemed necessary exclusively by him, for the immediate treatment of an emergency risk to the life of the camper / camper, such as indicative of allergic shock, epileptic shock.

→I consent with the usage of ani lice spray to my child if the "The Ranch" camp officials find out the presence of lice or nits on the scalp of the child/ camper.

→The personal health data contained herein is collected and processed by Camp "The Ranch" ("KYRIAKOS SKOURAS SA") for the purpose of safeguarding the health and safety of campers. This personal information will be kept strictly confidential and will not be disclosed / transmitted to third parties other than the employees of "The Ranch".

→ I consent for my child being transported according to the above to a Hospital or Health Center or an outside physician in order to provide him with appropriate medical care.

→I hereby declare that I have been informed and agree to the privacy policy of Camp "The Ranch" (KYRIAKOS SKOURAS SA). The parent / guardian has the rights to access, correct, delete, oppose and limit the processing of the camp's personal health data. The parent / guardian also has the right to withdraw consent at any time by sending an email to nfo@ranch.gr or by contacting us via telephone at 210-4100121 as well as the right to file a complaint with the Data Protection Authority. In case of refusal to provide the medical history or withdrawal of consent for the processing of health data, "The Ranch" reserves the right to refuse further stay of the child /camper for security reasons of the camp community and other children / campers.

Date/.../.....

ID CARD NUMBER:

TA:

Signature, Parent/Guardian
(& written in block letters underneath)