



Camper's Health *Information and Consent Form*

Surname:

Name:

Father's full name:

Mother's full name:

Age:

Blood type:

Weight:

Has your child received all required vaccinations against conditions such as measles, tetanus, chicken pox, etc.

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If no, which vaccinations have not been done:	<input type="text"/>
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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	<input type="checkbox"/>	No	<input type="checkbox"/>	If yes, provide details:	<input type="text"/>
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Does your child have any allergies to specific foods, animals, plants, etc?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If yes provide details:	<input type="text"/>
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Has your child undergone any major illnesses?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If yes provide details of what and when:	<input type="text"/>
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Does your child suffer from any psychological conditions such as bedwetting, sleepwalking, nail-biting, etc?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If yes provide details of what and how frequently:	<input type="text"/>
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Is your child currently taking medication?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If yes, for what condition and what dosage?	<input type="text"/>
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Has your child been diagnosed with a developmental disorder, such as Asperger's Syndrome, Tourette's Syndrome, Autism, etc.?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="text"/>
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If yes, when was the diagnosis made?

Is your child under the supervision of a specialist?

All medication is to be given to the medical staff of The Ranch. It is the responsibility of the parents / guardians to insure that the Ranch staff is properly informed concerning the type of medication, the prescribed dosage and the name and contact details of the child's physician. Is there anything else that should be noted concerning your child's health or behaviour?

I hereby declare that this form includes the full and true medical history of my child and that to date, no other health problem exists, according to the relevant medical certificates.

→ I consent to the transfer of my child to a hospital if deemed necessary by the The Ranch medical staff.

→ I give my consent for The Ranch doctor to administer ibufren or paracetamol, if deemed necessary.

→ The personal health data included here is collected and processed by The Ranch Camp (company "KYRIAKOS SKOURAS SA") for the purpose of safeguarding the campers' health and safety. This personal data will remain strictly confidential and will not be shared / forwarded to third parties other than employees of the "The Ranch" camp. I consent to the transfer of this information to a hospital or health centre or an external medical expert in order for the child to receive the appropriate medical care.

→ I declare that I have been informed and accept the personal data protection policy (GDPR) of The Ranch Camp (KYRIAKOS SKOURAS SA). The parent / guardian has the rights to access, correction, deletion, objection and restriction of the processing of the camper's personal health data. The parent / guardian also has the right to withdraw his consent at any time by sending an email to info@ranch.gr or by contacting us at 210-4100121 as well as the right to file a complaint with the Personal Data Protection Authority. In case of refusal of medical history or revocation of health data processing consent, the Ranch Camp reserves the right to refuse further stay of the child / camper for safety reasons of the campsite community and other campers.

Date/...../.....

ID card number

.....

Signature of
Parent / Guardian

(written in block
letters
underneath)