



# Bnei Akiva Svivot Medical Form 5776

**PLEASE ONLY FILL IN IF YOUR CHILD ATTENDS SVIVA** (Bnei Akiva on Shabbat afternoon)

PLEASE USE BLACK PEN AND WRITE IN BLOCK CAPITALS

Bnei Akiva strives to provide a safe environment for your child. In order to help us keep our records up-to-date, and so that we are aware of any issues that may concern your child, please complete this medical form and return it to the Bnei Akiva Head Office as soon as possible. In order to attend local activities, it is compulsory for us to have received a completed medical form. In the event of a medical form not having been completed, Bnei Akiva cannot accept responsibility for any relevant issues. Medical forms cannot be processed, nor can liability be accepted, unless a Mas Chaver form is filled in and paid in full. In the event that the medical questionnaire requires us to take further action, no liability will be accepted unless one's doctor confirms that one can attend sviva.

**SECTION 1: EMERGENCY CONTACT DETAILS**

NAME OF CHILD..... DATE OF BIRTH.....

SVIVA.....SHEVET.....

EMERGENCY CONTACT'S NAME AND ADDRESS.....

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RELATIONSHIP TO THE CHILD.....

HOME TELEPHONE NUMBER..... MOBILE NUMBER.....

**SECTION 2: MEDICAL DETAILS**

All information given is confidential and it will be passed only to the appropriate person in charge of your child.

1. Does your child suffer from any medical allergies we should be aware of e.g. plasters, penicillin, food? Please give full details below. Withholding information may endanger the health or wellbeing of your child.

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2. Please give full details of any medical, welfare condition or other information that may affect your child at sviva (weekly meeting) on a separate sheet and attach to back of form to be returned to the bayit. E.g. Asthma, Diabetes, Dyslexia, A.D.D. etc. Does your child suffer from any recurring illness or any other significant ill health e.g. asthma, epilepsy? Withholding information may endanger the health or wellbeing of your child.

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3. Approximate date of last Tetanus injection: .....

4. Do you feel that your child would need any extra support at sviva? If so, please contact Ruth on 020 8209 1319 EXT3

**SECTION 3: TERMS AND CONDITIONS REQUIRING PARENT'S SIGNATURE**

I hereby declare that to the best of my knowledge, this medical form is accurate and complete in all its details. I understand that Bnei Akiva will not be responsible for any medical condition either physical or emotional, which may result from my failure to disclose relevant information. It is permissible for the designated First Aider to administer Savlon and plasters, etc., for any minor ailments.

**I have read and agree to the above conditions.**

Signature of parent/guardian (If under 18).....

Name (please print) ..... Date.....