



Bnei Akiva Svivot Medical Form

PLEASE ONLY FILL IN IF YOUR CHILD ATTENDS SVIVA

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. Your child CANNOT attend ANY local Bnei Akiva activities without having returned the medical form. Medical forms cannot be processed, nor can liability be accepted, unless the attached 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.....

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

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RELATIONSHIP TO THE CHILD.....

HOME TELEPHONE NO..... MOBILE NO.....

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 well being 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 well being 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 us on 020 8209 1319.

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)