



Men's Training Camp – South Africa Living Church of God

Medical Form – Private and Confidential

Personal Information		Date: dd / mm / 2026	
Applicant's Last Name:		First Name:	
In the event of an emergency notify:			
Phone number in an emergency:			
Medical Aid:		Medical Aid Membership number:	
Medical Aid contact number:		Principal member:	
Doctors Name:			
Phone number:			
Address:			
<p>All participants attending who has a Medical Aid should attach a certified copy of Medical Aid Membership card with the Medical Form.</p> <p>All international attendees should take out their own emergency medical/dental insurance in their country of origin before leaving for camp.</p>			
<h3>Medical Information and Declaration</h3>			
Do you have health problems that we need to be aware of?		Yes	<input type="checkbox"/>
If yes, please describe in detail (attach note if necessary):		<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
Do you have any severe allergies, including food allergies, or have any special dietary requirements?		Yes	<input type="checkbox"/>
If yes, please explain (attach note if necessary):		<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	

Camper Medical Form Continued

Are you taking chronic medication that we need to be aware of?

Yes No

If yes, please explain (attach note if necessary):

Adult & Staff Section: The information on this form is correct. The Church's Camp Director or his delegate has my permission to administer first aid and arrange for treatment of minor injuries as needed. In case of serious or life-threatening illness or injury, and I am unable to be reached for consent to the same, the Church's Camp Director also has my permission to procure emergency medical treatment for me, or the above-named attendees.

Participant (staff only) signature: Date:

**Please avoid attending camp if you are at risk of carrying infectious diseases.
If in doubt, please check with your doctor before travelling.**

Living Church of God South Africa