



July 7th - 22nd, 2018

Individual medical record (child & adult)

Name		
First name		
Gender		
Date of birth		
Weight		
Ability to swim without bottom	🗆 yes	no
Brothers and Sisters (in the camp)	🗆 yes	no no
Disease	Specific medication with dosage and time of taking	
Allergy / Drug intolerance	□ yes	
	🗆 no	
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Allergy / Food intolerance	□ yes	
	🗆 no	
Diet	🗆 yes	
	□ yes	····
	🗆 no	
Remarks on the participation in certain activities (sports, games) ?		
Other		