

**MEDICAL AND INDEMNITY FORM**

Please note that there will be **NO STAFF** from NYP present throughout the activity/event.

Please read and complete ALL the following

Activity Name: \_\_\_\_\_ Duration: \_\_\_\_\_

**Participant's information** *\* Delete where appropriate*

Name of Applicant (As in NRIC/Passport): \_\_\_\_\_ Sex: \*M / F

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Yrs old Ht: \_\_\_\_\_ m Wt: \_\_\_\_\_ kg  
(DD/MM/YYYY)

NRIC & Passport No: \_\_\_\_\_ Admin No: \_\_\_\_\_ School/Dept: \_\_\_\_\_  
Separate with slash

Contact No: \_\_\_\_\_ (HP) \_\_\_\_\_ (H) Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ S( \_\_\_\_\_ )

**Emergency contact (Must be Guardian or Parent, aged 21 years and above)**

Name as in NRIC: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact No: \_\_\_\_\_ (HP) \_\_\_\_\_ (O/H) Email: \_\_\_\_\_

Contact's Address: \_\_\_\_\_ S( \_\_\_\_\_ )

**Medical Declaration**

Complete disclosure for this section is crucial prior to the activity mentioned above as it might affect your well-being in the activity/event. Applicants are to state their medical conditions to allow Nanyang Polytechnic to determine the suitability of the programme to your health conditions.

If applicant has stated "YES" to any of the conditions mentioned, please describe in detail as to whether you have fully recovered, if you are still on medication/treatment, providing details of the condition, injury and treatment. Applicants may be required, based on the discretion of the Student Development Executives/organizers of the programme, to seek medical consultation and get approval letters from their certified medical practitioner to participate in the programme mentioned above. Consultation cost will be fully borne by the applicant him/herself. Failure to declare medical conditions may render applicant to be disqualified from participating in the activity/event mentioned above.

**DO YOU HAVE /HAVE YOU EVER HAD A HISTORY OF**

**Yes**

**No**

1. Chest pain, High blood pressure, heart problems.

E.g. Heart murmur, Extra heart beat or other heart abnormality

(Description) .....

2. Asthma, Bronchitis, Tuberculosis, Sinusitis, other Lung Problems

(Description) .....

3. Fits, Epilepsy, Fainting Attacks, Migraine, Severe head injury

(Description) .....

4. Eye problems/poor vision

(Description) .....

5. Ear problems/deafness

(Description) .....

6. Mental illness (e.g. Depression, Anxiety Disorder, psychosis)

(Description) .....

7. Diabetes

(Description) .....

8. Allergy to medicines/food/others

(Description) .....

9. Bone or joint injury

(Description) .....

10. A carrier status for any infectious disease?

(Description) .....

11. Medical treatment within last two years

(Description) .....

**IS THERE A NEED FOR/DO YOU REQUIRE**

12. Routine Medication

(Description) .....

13. Special diet

(Description) .....

**IS THERE / DO YOU HAVE**

14. Any disability/disabilities or chronic medical ailment

Which may affect participation on the expedition?

(Description) .....

15. Any other medical information to note

(Description) .....

**DECLARATION** (To be signed by the participant)

**MEDICAL DECLARATION**

I declare that all the medical information provided above is true. I am medically and physically fit for the abovementioned activity/event.

**UNDERTAKING**

I shall fully comply with the conditions, guidelines and regulations as set out by the Student Development Executives / organizers. I shall fully co-operate with the Student Development Executives of Nanyang Polytechnic or organizers of the activity/event. I understand that there will be NO STAFF from NYP present at the activity/event.

I acknowledge that any consumption of illegal substances, even outside Singapore, will face the penalty of imprisonment, fine, or both under the law.

**ACKNOWLEDGEMENT OF RISKS**

I am fully aware that my participation in the abovementioned activity/event may involve certain risks. I acknowledge that I am participating in the activity/event voluntarily and with knowledge of these risks. I hereby undertake that I shall not hold responsible the organisers and their respective officers, representatives, employees, volunteers and agents in respect of any loss or damage or any injury, illness or loss of life which may be sustained by me during the abovementioned activity/event arising from any cause in connection with the activity/event.

I further declare and confirm that I have read and fully understood all the sections in this registration form including the preceding acknowledgement and undertaking and all the information provided herein is true.

**Please tick the following to confirm that you understand and will abide by these:**

- Students are reminded to refrain from participation if unwell.
- Students are to bring their own water bottles, medication, insect repellent, umbrella/raincoat, sunblock and N95 mask as well as money for meals and transport as some activities for this the event is conducted off campus.
- Participants agree to participate in this event that involves running and physical activities including loud cheering, strenuous tele match obstacle courses as well as water games.
- As the activity/event is designed to build resilience, the games will require participants to complete challenges within a time limit.
- Please note that some activities may result in bruising and injury. Students are reminded to listen to the advice of facilitators and take necessary safety precautions.
- Students will be responsible for their own wellbeing and personal belongings at all times. Nanyang Polytechnic will not be responsible for any loss/ damaged items throughout the activity/event.
- Kindly note that there will not be any NYP staff present throughout the activity/event.

\_\_\_\_\_

Name of Participant

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**ACKNOWLEDGEMENT & CONSENT OF PARENT/GUARDIAN**

(To be completed and signed by the Parent/Legal Guardian)

I \_\_\_\_\_ holder of \*NRIC/Passport No \_\_\_\_\_

allow my \*child / ward (name) \_\_\_\_\_

to attend the abovementioned activity/event organised by Nanyang Polytechnic from/on the date of

\_\_\_\_\_ to \_\_\_\_\_

I am aware that my child's/ ward's participation in the abovementioned activity/event involves certain amount of risks. ***I understand that there will be NO STAFF from NYP present and acknowledge that I am allowing my child/ ward to participate in the activity/event voluntarily and with knowledge of these risks.*** I understand that he/ she will have to co-operate fully with the Student Development Executives/ organizers of the abovementioned activity/event and comply with training conditions, guidelines and regulations as set out by the Student Development Executives/ organizers. I hereby undertake that I shall not hold responsible the organisers and their respective officers, representatives, employees, volunteers and agents in respect of any loss or damage or any injury, illness or loss of life which may be sustained by my child/ ward and/ or me arising from any cause in connection with Nanyang Polytechnic.

I fully declare and confirm that I have read and fully understood all the sections in this Nanyang Polytechnic Medical and Declaration form including the preceding acknowledgements and undertakings and ensured that my child/ ward fully understands the same and that all the information provided herein are true and ratify the Medical Declaration and Undertaking given by my \*child / ward.

\_\_\_\_\_

Name of Parent/Guardian

\_\_\_\_\_

Signature

\_\_\_\_\_

Date