

I agree to allow the camp doctor or designated medical personnel to dispense any non-prescription medications to my child if necessary. In case of a medical emergency I understand every possible effort will be made to contact me, although in the event I cannot be reached I hereby give my permission to the healthcare provider selected by the Camp Commandant to hospitalise, secure proper treatment, order an injection, anesthesia, or surgery for my child whose name is listed above. I am also aware of Rotary policies with regards to Youth Travel (available from [www.rotary.org](http://www.rotary.org) ) and will therefore purchase necessary travel and medical insurance policies. (for participants outside Pontian) I also undertake to declare any existing medical conditions my child/ward has and declare any medications or allergies present. I am aware that the Organisers will only provide transportation to and from designated pick up/drop off points and the RYLA venue and I will be solely responsible his or her transportation to and from these locations and any post RYLA stay in Pontian, Johor, Malaysia.

\_\_\_\_\_ Signature of Parent/Legal Guardian Name:

Date: For office use: Checked By : \_\_\_\_\_ Approved By:  
\_\_\_\_\_ Date: \_\_\_\_\_ Payment By: Cash / Bank Transfer / Chq  
No : \_\_\_\_\_ Amount: \_\_\_\_\_ Receipt No.:  
\_\_\_\_\_ Received By: \_\_\_\_\_ Date:  
\_\_\_\_\_ Remark:  
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