

'Extending God's Love through ACTS of mercy.'



Association of Catholic Tertiary Students

399 Paul Kruger Street

Pretoria

0001

Tel: 012 326 6458

Email: actsacbc@gmail.com

Website: <http://acts.sacbc.org.za>

International Movement of Catholic Students, NMCS South Africa.

Indemnity form:

NAME:

Please **ONLY** complete one if you do have a special dietary intake and/or medical conditions to be known up front.

Part A: Dietary requirements/ allergies-(Page1/2)

- 1. Do you have any allergies? (Allergic to any food/drink products?) Specify please.**
- 2. Alternative food/drink products you prefer to be prepared for your aside or in a special way? Specifications please.**
- 3. Should you start having an allergic reaction, what is the best way to combat it? Are there any medications that your normally take? Explain in full details please.**
- 4. Any other additional information that should be known of with regards to your food intakes/ requirements?**
- 5. In case of an emergency, list 4 people that should be contacted and their names and relationship to you.**

All forms must be typed, printed and handed in on the **FIRST** day of the conference.

Please use a smaller font size when filling in your typed answers in the blocks. Do not make it bold or underline it like the questions.

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Part B: Medical condition-(Page2/2)

1. Do you have any ‘periodically reactivated’ condition/illness which needs attendance when active? I.e. Asthma attacks, fits etc.
2. How often does it occur in a day or a week? What medication are you also taking?
3. In case of a reactivation, how do you normally regulate it/tone it down? How can you be helped in a situation where it comes up again?
4. Do you have any allergies to any other medications that you know of? List them
5. In case of an emergency, list 4 people that should be contacted and their names and relationship to you.

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