





MOE-OB... Secondary School

1. Name

PHUA CHU KANG

2. Email (Parent/Legal Guardian)

An acknowledgement comprising full details of the declaration will be sent to the email address provided. Please ensure that the email address provided below is accurate.

3. Mobile number

9876 5432

4. Alternate Contact Number (Parent/Legal Guardian) (optional)

8123 4567

5. Relation to Participant

Select an option

6. Are you also the Participant's emergency contact during the Course?

Ensure the contact person can be reached for the full duration of the course

No Yes ?

Name of parent is auto-filled

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Part 1: Participant's Personal Information

7. Birth Certificate Number / NRIC Number / Foreign Identification Number (Participant)

8. Full Name (Participant)

as it appears in the Participant's Personal Identification Document

9. School (Participant)

Select an option

10. Class (Participant)

Select an option

11. Residential Status (Participant)

Singapore Citizen

Singapore PR

Foreigner

?

Provide your child's details

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12. Date of Birth (Participant)

dd/mm/yyyy

13. Race (Participant)

Select an option

14. Sex (Participant)

Male

Female

15. Email (Participant)

Please provide your child/ward's school email address below accurately. A web-app link (My OBS Journey) will be sent to the email address provided to help Participant prepare for Course. School email address is preferred. (e.g. xxx@students.edu.sg, xxx@moe.edu.sg)

16. Registered address

411 CHUA CHU KANG AVE 3, #12-3, SINGAPORE

17. Dietary Requirements (if any) (optional)

All meals provided will be Halal-certified and no beef will be provided. OBS may not be able to support Participants with complex dietary requirement,

Registered address is auto-filled

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17. Dietary Requirements (if any) (optional)

All meals provided will be Halal-certified and no beef will be provided. OBS may not be able to support Participants with complex dietary requirement,

Vegetarian (does not consume meat)

G6PD

Gluten Free

Lactose Intolerant

Part 2: Participant's Health Information

Health information provided must be comprehensive and recent for the assessment of the Participant's participation in the Course. Ensure the declaration of health information takes place within six (6) months before the start of the Course.

18. Tetanus vaccination is mandatory for the programme. Do ensure that it is taken within the last 10 years and sufficient to cover the entire duration of the programme.

- Tetanus is a disease caused by the bacteria, Clostridium tetani, which is commonly found in soil, dust and contaminated objects. The bacteria can enter the body through tears or splits in the skin, burns and eye injuries.
- Tetanus is a preventable disease through vaccination to prevent tetanus infection especially in the outdoors.
- For more information on tetanus vaccination, please visit <https://www.healthhub.sg/a-z/medications/tetanus->

Select dietary requirements, if applicable

Specific meal preferences cannot be provided

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- Tetanus Vaccination is **mandatory**
- Most students took it in P5, valid for 10 years
- Check via Health Hub website before starting on the eReg

I acknowledge the risks of tetanus and the mandatory requirement of vaccination for programme participation. The participant is solely responsible for possessing a valid tetanus vaccination covering the entire programme duration. Failure to comply may expose the participant to risks, and MOE-OBS is not liable for any resulting consequences or inaction. If you are unable to receive tetanus vaccination due to medical reasons, please reach out to the Teacher Coordinator.

Tetanus Vaccination is mandatory

Most students took it in P5, valid for 10 years

Check via Health Hub website before starting on the eReg

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19. Height (Participant)
Provide information in metres (m)

20. Weight (Participant)
Provide information in kg

21. Does the Participant have any diagnosed medical condition during activities of daily living in the past 6 months?

No Yes

Diagnosed Medical Condition

Additional information may be required depending on the medical condition(s)

22. Does the Participant have any diagnosed medical condition?
e.g. Breathing, Heart, Blood Condition, Epilepsy, Bone/Joint/Muscle/Tendon Condition or Infectious Disease

No Yes

Students Requiring Medication

Students must bring sufficient medication (e.g. inhaler) for the course

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23. Sleep-walking within the last 12 months from the date of course
For safety reason, Participants with sleep walking condition within the last 12 months will not be allowed to camp overnight. Contact the Teacher Coordinator to make arrangements on the daily dismissal and reporting.

No Yes

24. Currently on long term prescribed medication e.g. medication for diabetes, hypertension or syncope

No Yes

25. Does the Participant have any behavioural/psychological conditions?
e.g. ADHD / ASD / OCD / eating disorders / anxiety / depression

No Yes

26. In the last 2 months, has the Participant shown signs of self-harm or aggression towards himself/herself or other(s)?

No Yes

27. Does the Participant have any allergy?
e.g. Allergy to medication / environmental factors / food items

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27. Does the Participant have any allergy?
e.g. Allergy to medication / environmental factors / food items

No Yes

any other not listed above?
e.g. Diabetes, challenges in hearing, sight or movement, difficulty handling heavy load, previous heat injury, require use of medical devices/implant or prosthesis and challenges in interacting with others in an unfamiliar setting (i.e. outdoor camping)

No Yes

Part 3: Declaration, Acknowledgement & Consent

29. General Declaration, Acknowledgement & Consent

a) I declare and confirm that all the information provided is complete, true and accurate to the best of my knowledge, and there is no undisclosed information that would affect the Participant's suitability to participate in the Course.

b) I understand all information will remain confidential and agree that MOE-OBS may obtain additional information from the Participant's school/ organisation (applicable) to ensure safe participation and if necessary disclose the condition to the peers in the group if MOE-

Declare allergies, if any

