

MARIST CATHOLIC SCHOOL HERNE BAY

CAMP FORM 1

Emergency Contact details/Consent/Acknowledgment of Risk

Dear Parents

To enable us to care for your child while he/she is at camp, we need accurate information about their health, in particular, we need details about any medical problems and medication prescribed. This form will be confidential to the staff going on camp and the person in charge of First Aid, however parents at camp will be given any information which is necessary for them to assist in your child's care. If your child is ill or injured while at camp, we will endeavour to contact the parent named below for their instruction as to further care.

Please read each section of the form below, then complete, sign and return to school.

CAMP FORM: EMERGENCY CONTACT DETAILS

Child's Name

Date of Birth

PLEASE PROVIDE AT LEAST 2 SETS OF CONTACT DETAILS

Name: Relationship:

Address:

Day Phone: Evening Phone:

Cellphone :

Name: Relationship:

Address:

Day Phone: Evening Phone:

Cellphone:

PARENTAL CONSENT

I agree to my child/myself taking part in the camp activities and have read the information sheet. I agree to their/my participation in the activities described. I acknowledge the need for them/me to behave responsibly.

ACKNOWLEDGEMENT OF RISK

I understand that there are risks associated with involvement in school camps and that these risks cannot be completely eliminated. I understand that the school will identify any foreseeable risks or hazards and implement correct management procedures to eliminate, isolate, or minimise those hazards. I understand that safety procedures will be discussed and I will do my best to ensure that my child and I follow these procedures.

I know that I am able to ask any questions of the school about the activities I/my child will be involved in, to gain a better understanding of the risks involved. I recognise that participation in such activities is voluntary and not mandatory. My child and I both understand that I/they may withdraw from the activity if I/they feel at risk. This must be done in consultation with the person in charge.

I understand that the school does not accept responsibility for loss or damage to personal property and that it is my responsibility to check my own insurance policy.

Print name:

***Date:***

Signed

(To be read and signed by adult participant or parent/caregiver of child participant).

MARIST CATHOLIC SCHOOL HERNE BAY

EOTC CAMP Form 2 Child Medical/Health Profile and Aquatic Activity Consent

This form is due by:

Complete a form for **each person** attending the EOTC event. This information is gathered to comply with the school's health and safety requirements. All details will remain confidential to persons supervising the EOTC activities. For safety reasons, please provide information that is accurate and complete.

Event: Year 5/6 Camp

Name:			
Address:			
Phone number:			
Doctor:		Phone:	
	Address:		
Community Services Card number:		Medic Alert number:	

1. Please tick if your child has any of the following conditions:							
<input type="checkbox"/>	Migraine	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Diabetes
<input type="checkbox"/>	Travel sickness	<input type="checkbox"/>	Fits of any type	<input type="checkbox"/>	Heart condition	<input type="checkbox"/>	Dizzy spells
<input type="checkbox"/>	Colour blindness	<input type="checkbox"/>	Chronic nose bleeds	<input type="checkbox"/>	Sleepwalking	<input type="checkbox"/>	Bedwetting
<input type="checkbox"/>	Other: (please specify)						
2. Is your child currently taking medication? Yes / No							
<input type="checkbox"/>	What condition is the medication for?						
<input type="checkbox"/>	What is the name of the medication?						
<input type="checkbox"/>	How much does your child need to take and when is it taken?						
<input type="checkbox"/>	What other treatment is your child having?						
3. Has your child had any major injuries or illness in the last six months that could limit their participation in camp activities? Yes / No							
<input type="checkbox"/>	Please give details:						

4. Is your child allergic to any of the following?			
<input type="checkbox"/>	Prescription medicine	Yes/No	Details:
<input type="checkbox"/>	Food	Yes/No	Details:
<input type="checkbox"/>	Insect bites or stings	Yes/No	Details:
<input type="checkbox"/>	Other allergies	Yes/No	Details:
<input type="checkbox"/>	What treatment is required?		

5.	When was your child's last tetanus injection? / /
6.	Does your child have special dietary requirements? Yes / No
	Give details:
7.	What pain or flu medication may we give your child if necessary? (Paracetamol, for example.)
8.	Has your child been in contact with any contagious or infectious diseases in the last four months? Yes / No
	Give details:
9.	Is there any other information we should know to ensure your child's physical or emotional safety, for example, cultural practices, disability, fear of heights, menstruation, car sickness, etc?
	Please give details:

Please tick the following:

- I agree to let the school know about any changes to this information that happen between now and the event.
- I agree that my child may receive any emergency medical, dental, or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.
- I agree to pay for any medical costs not covered by ACC or a community services card.
- I understand that if my child has prescription medicine to take while they are away, I will supply it fully labelled, closed securely, and with full instructions. It will be given to a designated adult who will administer the medicine.
- I acknowledge that the location and activities may be of an adventurous nature, and that across the whole site there is potential for trips and falls resulting in cuts/breaks, also insect stings. The range of structured activities may include the marine environment with the risk of immersion in cold salt water, contact with Marine life. There are bush and confidence course activities with potential for moderate falls/cuts/breaks. In signing this document I am aware of the general nature of the activities and that these activities represent a change in the participant's normal routines and may be physically demanding
- I understand that my child can consult with the person in charge and withdraw from an activity if they feel at risk.
- I understand that if my child is sent home from camp for bad behaviour or actions that threaten the safety of others, it will be at my expense.
- I understand that the school does not accept responsibility for loss or damage to personal property.

Name:	
Signature:	Date: / /

EOTC CAMP Form 2

Child Medical/Health Profile and Aquatic Activity Consent continued

	Aquatic Activity Consent	YES	NO	DON'T KNOW
1.	Can your child swim 50 metres?			
2.	Is your child water confident in a pool?			
3.	Is your child confident in deep water?			
4.	Can your child tread water?			
5.	Can your child survival float?			
6.	Is your child confident in the sea or open inland water?			
7.	Is your child safety conscious in and around water?			
I agree to my child taking part in this event.				
I agree to any emergency treatment required by my child during the event.				
My child is in good health and fit to participate.				
Parent's name:				
Signature:				