

## CHILD INFORMATION FORM – To be completed by parent

This form **MUST** be **COMPLETED FOR EACH CHILD AND TAKEN TO THE COURSE** on the first morning. Please hand this form to the **CAMP STAFF** on registration on arrival



**PLEASE NOTE:** We cannot accept your child into our care on this camp without this form

1. Participant information details			
Participant name		Date of birth	
Venue		Dates of camp	
2. Emergency contact details			
Parent/Contact Name		Relationship	
Contact No. 1		Contact No. 2	
3. Medical information			
Dr/Surgery Name		Contact No.	
Please detail medical, behavioural or special needs information we should be aware about (including allergies) Please continue on separate sheet if required.			
Will your child need to take any prescribed medication during the camp? (If yes, you will need to complete the medical information form attached)			<b>YES or NO</b>
<b>Please note:</b> That by signing this form you acknowledge and consent that in the event of an accident, injury, or illness that we may have to take your child offsite to obtain medical assistance.			
4. Swimming consent			
When the facilities are available, we may offer a session of swimming for your child.			
Do you give your child permission to participate in swimming sessions?			<b>YES or NO</b>
Can your child swim unaided on front and back for at least 10 metres?			<b>YES or NO</b>
<b>Please note:</b> If you answered “No” to the last question unfortunately we will not be able to offer swimming to your child			
5. Permission to use photographs and videos			
We wish to take photographs and/or videos of participants on our camps. These photographs and/or videos may feature your child. By signing this form, you grant us permission to use the photographs and/or video in accordance with the terms of our Privacy Policy (which can be found on our website), including in our printed publications, promotional materials, in the advertising of our services on our website and to distribute to our sponsors, affiliates and partner companies to use for the same purposes. Do you agree to images and videos being used for these purposes?			<b>YES or NO</b>
6. Disclaimer			
You accept that the sports & activities on any course involve an inherent risk of injury. We will undertake all necessary risk assessments and provide the courses in as safe an environment as possible and you accept that we will not be liable for any direct or indirect loss, damage or injury arising from or in connection with the activities on the camp and you waive all and any such claims against us. Nothing in this disclaimer shall attempt to limit in any way our liability for any matter for which it would be illegal or unlawful for us to exclude or attempt to exclude our liability.			
7. Signature			
Please sign below: (Signing below constitutes your permission for us to use photos and /or video of your child unless you have opted out, and allows first aid/medical attention to be administered to your child on or offsite as necessary)			
Parent / Guardian Signature:		Date:	

**Form:** MEDICATION FORM  
**Completed by:** Parent/Guardian & Camp Manager



**Medication Form**

This form MUST BE COMPLETED by the PARENT and the MANAGER as well as the ADMINISTRATOR of the medication if different.

**PLEASE NOTE:**

This form is not valid without the PARENT/GUARDIAN signature

**1. Course Details**

Course Manager		Date	
Venue		Parent/Guardian Name	
Child Name		Parent Guardian Sign	

**2. Medication Details**

Name of prescribed medication	
Administration Schedule	
Childs session leader	
Secondary session leader	
Further information	

**3. Administration Schedule**

	Administered by	Initial	Time (AM)	Time (PM)	Parent/Guardian initial (Acknowledge drug collection/delivery to staff)
<b>MON</b>					
<b>TUE</b>					
<b>WED</b>					
<b>THUR</b>					
<b>FRI</b>					

**4. Signature**

The above information is correct and I agree to the above staff members administering medication to my child.

Parent/Guardian (PRINT)		Manager (PRINT)	
Signature		Signature	
Date		Date	

**Form to be returned to head office at the end of each week.**