

Confidential



Children's Holiday Camp Application Form

All details on this form must be filled out and returned to your local organiser or, in the case of individual children making application to the camp, to the camp directly. Please complete ALL PARTS of this application form, PRINTING CLEARLY, please.

Child's family name Child's given name.....

Is there any other surname your child may use?

Male () Female () Child's date of birth ___ / ___ / ___

Child's residential address

.....
.....Postcode.....

Child's postal address

.....
.....Postcode.....

Parent / Guardian names (1) (2)

Parent / Guardian nos. (1) (h) (w) (mob).....

(2) (h) (w) (mob).....

Will both parents / guardians be home while the child is at camp? Yes / No

Are there any custodial restrictions on your child? Yes / No

If so, please provide details

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Child's doctor's name Ph

Does your child have a specialist Doctor? Yes / No

Specialist doctor's namePh

Child's condition for which there is a specialist doctor:

Medicare No. Expiry date Child's no. on card

Private Health Insurer Private Health Care no.

Ambulance Subscriber Yes / No Subscriber no.

Child's last tetanus injection (year) Are all immunizations up to date? Yes / No

Has your child been to a camp before? Yes / No - or to the Portsea Camp before? Yes / No

T-shirt size: 8 10 12 14 16 18

(Whilst we make every effort to provide your child with a T-shirt in the size nominated this is not always possible.)

The Portsea Camp is concerned to ensure that your child's privacy is protected. Except in an emergency, we do not divulge any information on children to a third party without the prior consent of a parent or guardian. All information on children provided to children's carers at camp is destroyed immediately following the camp except for a single copy accessible to limited camp personnel as required by law.

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The Portsea Camp is committed to the safety and well-being of all children and / or young people who come to camp. We support the rights of the child and will act without hesitation to ensure a child safe environment at all times.

Please circle if your child experiences any of the following conditions:

ADD / ADHD	Homesickness	Heart condition	Sleepwalking
Asthma	Diabetes	Migraines	Bedwetting
Allergies	Dizzy spells	Blackouts	Epilepsy
Autism	Intellectual Disability – Mild / Moderate / Severe / Profound		

If your child has asthma (even occasionally or in the past) you MUST complete the separate camp's asthma management form.

MEDICATION AT CAMP

Medication to be taken during camp - please note that medical staff at the camp can only give medication to children that is contained in dispensed pharmacy packaging with the child's name, dose and expiry date. If there are any changes after you have forwarded this form, you must contact your local organiser or the camp to obtain a NEW medication form.

Medication (1)

Dosage (1) (mgs / mls / puffs / tabs) Times (1)

Medication (2)

Dosage (2) (mgs / mls / puffs / tabs) Times (2)

Medication (3)

Dosage (3) (mgs / mls / puffs / tabs) Times (3)

Is your child happy to take any medication s/he may be on? Yes / No

ALLERGIES

If your child is allergic to any medication, food or something else, please describe your child's condition, any signs and symptoms of the allergy or sensitivity and how you would prefer our staff to respond:

	Signs & symptoms - what happens?	Preferred treatment?
Medication		
Food		
Other		

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HELP US SUPPORT YOUR CHILD TO HAVE A GREAT TIME

It is important that your child, other campers and adults are able to have the best time at camp. To help us make sure this is the case please consider your responses to the following questions. Remember – we may not know anything about your child. Unfortunately we may be unable to support children whose behaviour is particularly disruptive or challenging.

	Answer (Yes / No) and your comments
Does your child like challenges?	
Does your child make friends easily?	
Can your child occupy free time without assistance? If not, what help do they need?	
Does your child usually play safely?	
Does your child like to be the leader?	
Does your child go to sleep easily? If not, what helps? Normal bed time?	
Has your child ever had 1 to 1 care at camp? i.e. integration aid, carer etc and if so, then for what reasons?	
Can your child be disruptive or does he / she respond well to directions?	
Does your child get annoyed or upset easily? If so, than what are the triggers? What do you do that helps them relax?	
If your child has ADD, ADHD or challenging behaviour please describe their typical behaviour and anything you do to assist.	
Does your child experience travel sickness?	
Any other comments / issues regarding your child that will help us care for him or her at camp?	

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HOMESICKNESS

If you think your child may get homesick, what would you prefer us to do? Is there anything you think may help? Our strategy is normally to try to distract children by offering lots of activities and giving lots of positive attention rather than letting them ring home straight away. If by the third day of camp things are no better we will give you a call to discuss what you would prefer us to do.

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ADDITIONAL INFORMATION

Please provide any additional information you feel may be useful for us to know to enable your child to get the most out of their stay at the camp: eg., if you ticked 'yes' to the *migraines* question, please explain what happens to your child - ("my child is very sensitive to loud noises and often develops a migraine that can be helped by quiet rest in a darkened room")

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I, the undersigned, hereby consent to my child/ren, the above named, participating at The Portsea Camp, including involvement in potentially dangerous and life threatening recreational activities including high ropes course, Giant Swing, initiative activities and water-based activities. In the event of an accident or emergency, I authorise the servants and agents of The Portsea Camp to obtain for my child/ren all the necessary medical and dental assistance and treatment as may be required. I agree to reimburse The Portsea Camp and pay all expenses incurred in relation to such assistance and treatment. I hereby release to the full extent permitted by law The Portsea Camp and its servants and agents from all claims and demands of every kind for any accident harm or loss which my child/ren may suffer or that I may suffer as a result of my child/ren participating in The Portsea Camp. I hereby indemnify The Portsea Camp and its servants and agents to the full extent permitted by law for any loss, damages, expenses, claims, actions and suits brought for and on behalf of my child/ren and arising out of or in any way connected to The Portsea Camp.

Signature Name Date

Photo / Video release: I consent to The Portsea Camp using photographs or videos of my child/ren in any legal way that it thinks fit, including publication or dissemination in any medium. I acknowledge that The Portsea Camp is the owner of any intellectual property in such images and any material (including promotional material) created using the photographs or videos. I waive any moral rights that I might have in my child/rens name/s, his/her/their images, photographs, or any captions relating to the photographs or videos. I release and forever discharge The Portsea Camp and its servants and agents against all proceedings, claims and demands by me in respect of any matter or thing, including loss or damage of any kind sustained or likely to be sustained by me as a result of, arising out of, or in connection with, any use by The Portsea Camp of the photographs or videos and any captions relating to them. I acknowledge that I have no right to require payment for, or participate in, any proceeds arising out of the use of the photographs or videos. **All inappropriate photography including photos taken in bedroom, close-ups of sensitive body areas and photos that in any way demean the child/ren ARE NOT PERMITTED.**

Signature Name Date

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