The student named below will participate in a three night camp at CONDOBOLIN SRA GROUNDS, run by NSW REV YTH (CRC CHURCHES INTERNATIONAL), 17th -20th April, 2020.

**STUDENT’S NAME**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MEDICARE #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EXPIRY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MAIN PARENTAL CONTACT** (NAME)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(RELATIONSHIP TO STUDENT)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MOBILE NUMBER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(OTHER NUMBER)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECONDARY CONTACT** (NAME)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(RELATIONSHIP TO STUDENT)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MOBILE NUMBER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(OTHER NUMBER)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In case of injury or illness, I hereby authorise Rev Youth leaders to obtain any medical attention deemed appropriate, including ambulance transport, and I agree to accept responsibility for any costs incurred for the benefit of my son/daughter. Due to the nature of camping, **I agree to my child having access to medication listed in the following table, which are carried by camp leaders in first aid kits.** Any other medications administered on camp would require prior approval from parents and/or a qualified medical practitioner.

|  |  |  |
| --- | --- | --- |
| **Medications** | **Delivery** | **Application and Uses** |
| Paracetamol | Oral | Used to relieve pain and fever |
| Salbutamol | Inhaler with spacer  | Opens up the airway for people suffering from asthma and bronchitis type conditions |
| Antihistamine | Oral | Used to treat allergies, respiratory symptoms due to allergies |
| Throat Lozenges | Oral | Mild antiseptic, relieve mouth & throat infections |
| Anti-Itch Cream | Skin | Soothes and relieves itching/irritation from bites and stings |

* I give permission for photos/videos of my child taken during the event to be put on social media

Student Name:......................................................................................................

This student suffers from:

|  |  |  |  |
| --- | --- | --- | --- |
| AllergiesFits or Fainting SpellsHeart or Lung ComplaintsDiabetesEpilepsyMental Illness | Yes/NoYes/NoYes/NoYes/NoYes/NoYes/No | Sleep WalkingAsthmaBed WettingTravel SicknessSevere Menstrual Pain | Yes/NoYes/NoYes/NoYes/NoYes/No |

**If YES, please give details below, or attach a note.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this student taking any medication or under any type of treatment that we need to be aware of. **Yes / No**

**If YES, please give details below, or attach a note.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there any other details concerning this student which leaders should be aware? This may include anything that could prevent the student from being involved in any activities on the camp. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has this student been immunised against Tetanus in the last five (5) years? **Yes / No**

Date of last Tetanus injection if known?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOES THIS STUDENT HAVE SPECIAL DIETARY NEEDS (EG: VEGETARIAN)? **Yes / No**

**If YES, please give details below, or attach a note**. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **UNFIT VERY FIT**

This student's general fitness is: **1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10** (please circle one)

This student’s swimming ability in still water is: **Nil - 25 - 50 - 100 - 200m+** (please circle one)