



# Camp Permission Form

## No water based activities

This form is intended to assist teachers and Camp School staff in the preparation and planning of the camp to be held at the Broome Camp School.  
Strictly confidential

### STUDENT DETAILS

Students Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Parent/Guardian (Full name) \_\_\_\_\_

Address \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work (father) \_\_\_\_\_

Mobile: \_\_\_\_\_ Work (mother) \_\_\_\_\_

Name of family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Medicare# \_\_\_\_\_ Medical Insurance# \_\_\_\_\_

### MEDICAL DETAILS

Is your child subject to asthma, fainting, epilepsy, diabetes or any other condition that may affect his or her safety during the camp?

Yes  No  If 'Yes' give details \_\_\_\_\_

#### Is your child allergic to:

Penicillin  Give details \_\_\_\_\_

Any other drug  Give details \_\_\_\_\_

Any food  Give details \_\_\_\_\_

Bees  Give details \_\_\_\_\_

Other  Give details \_\_\_\_\_

#### Is any special care required?

Yes  No  Give details \_\_\_\_\_

#### Other conditions

Bed Wetting  Give details \_\_\_\_\_

Hearing or Ears  Give details \_\_\_\_\_

Other  Give details \_\_\_\_\_

Date of Last Tetanus Vaccination \_\_\_/\_\_\_/\_\_\_  Don't know

#### Medications

Arrangements for the safekeeping and handling of medications must be made prior to the camp.

Is your child presently taking tablets and/or other forms of medication?

Yes  No

Does your child self-administer the medication?

Yes  No  If 'Yes' give details (dosage, frequency, name of medication and reason for use).

I am aware that any costs incurred as a result of accident or illness are my responsibility and that school staff are not responsible for any loss or damage to my child's personal property that may occur during the course of the camp.

I agree to inform the organisers before the scheduled camp departure of any change to my child's health and fitness so that appropriate supervision maybe arranged. I acknowledge that, should it be considered necessary, school staff will arrange to present my child for medical assessment.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_