

# CAMP DARE

## Camper Information Sheet

First Name \_\_\_\_\_

Camp Dates \_\_\_\_\_

Surname \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_ P/C \_\_\_\_\_

Transport required to camp Y / N  
Pick up point Mandurah/Rockingham

D.O.B \_\_\_/ \_\_\_/ \_\_\_ Male / Female

Transport required from camp Y / N  
Drop off point Mandurah/Rockingham

### Emergency Contact Details

First Name \_\_\_\_\_

First Name \_\_\_\_\_

Surname \_\_\_\_\_

Surname \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Mobile \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_

### Medical Information

Medicare Number \_\_\_\_\_

Private Fund \_\_\_\_\_

Ambulance Cover Y / N

& Number \_\_\_\_\_

Doctors Name \_\_\_\_\_ Phone \_\_\_\_\_

Allergies or Medical Conditions that camp staff need to be aware of: \_\_\_\_\_

Medications required on camp (all medication must be clearly marked with campers name and dosage)

I \_\_\_\_\_ (print name) give permission for my son/daughter to receive ;

: any necessary medical attention using the above Medicare/Health Fund information

: Panadol if he/she has a headache etc.

Does your child have any behavioural issues or special needs that our staff need to be aware of: Y/N

If Yes please give details: \_\_\_\_\_

Last tetanus booster \_\_\_/ \_\_\_/ \_\_\_ Last swimming level achieved \_\_\_\_\_

Special Dietary needs (vegetarian, dairy, wheat etc) \_\_\_\_\_

## **CAMP CONDUCT**

To ensure the safety and enjoyment of all campers you are expected to abide by the following conditions;

Cigarettes, lighters and matches are not to be brought to camp.

Alcohol and non-prescription drugs are not to be brought to camp.

All campers are expected to be polite, helpful and responsible at all times.

Camp management reserves the right to send home (at the expense of the parents) anyone found causing damage to camp grounds or buildings, or breaking the above conditions.

We have read and agree to abide by the above conditions.

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

Signature of Camper \_\_\_\_\_ Date \_\_\_\_\_

## **CAMP PHOTOS**

Occasionally our staff takes photos of the children during activities to use for promotional purposes.

We ask Parents if they would give permission for their Childs photo to be used in this way.

If you agree to your Childs photo being used please sign the consent form below.

We agree / do not agree to our Childs photo being used for promotional purposes.

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