



# Student Permission Form – Camps

Camp Details

**Camp: 2018 Year 7 Camp**

**Date(s): Thursday 22 to Friday 23 February**

**Return this form to: Student Reception by Friday 27 October**

The school Education Act 1999 requires the provision of:  
'Details of any condition of the enrollee that may call for special steps to be taken for the benefit or protection of the enrollee or other persons in the school.'

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## Student Information

(Parent/Legal Guardian – please complete this section)

Student's name \_\_\_\_\_ Year/Connect \_\_\_\_\_

Address \_\_\_\_\_

Date of birth \_\_\_\_\_

## Emergency Contact details during Camp (Parent/Legal Guardian – please complete this section)

1. Name \_\_\_\_\_ Contact number \_\_\_\_\_

Relationship to student \_\_\_\_\_

2. Name \_\_\_\_\_ Contact number \_\_\_\_\_

Relationship to student \_\_\_\_\_

3. Name \_\_\_\_\_ Contact number \_\_\_\_\_

Relationship to student \_\_\_\_\_

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## Travel and Insurance

(Parent/Legal Guardian – please read and sign)

### Travel

I give permission for my son/daughter to travel to and from camp by buses fitted with seatbelts, and to travel in a private vehicle with a College staff member and another student, should the need arise and there be no other viable means of transport.

### Insurance (Parent/Legal Guardian – please read and sign)

The College policy does not cover medical expenses arising from illness, loss of or damage to personal effects and property, or liability incurred by students for property damage.

Parent/Legal Guardian's name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Medical and First Aid** (Parent/Legal Guardian – please complete this section)

**Medical Conditions**

My child has special needs in the following area(s): (please provide specific details)

Condition	Details *Space for Notes/Additional Information is available on page 4
Anaphylaxis	
Asthma	
Diabetes	
Epilepsy/Fainting	
Heart Condition Blood Pressure	
Allergies (eg specific food, plant, stings etc) & severity	
Reaction/allergies to medications	
Previous Injury/Illness	
ADD/ADHD	
Excessive nose bleeds	
Anxiety/panic attacks	

Medicare number \_\_\_\_\_ Expiry date \_\_\_\_\_

Doctor's name \_\_\_\_\_ Contact number \_\_\_\_\_

Do you belong to an Ambulance Fund: **Yes / No** (please circle as applicable)

Date of last Tetanus injection \_\_\_\_\_

**Medication**

**Parent/Legal Guardian – please sign against each medication you authorise the First Aid Officer to administer to your child as required.**

I give permission for \_\_\_\_\_ (student’s name) to receive the following if required:

Panadol \_\_\_\_\_ (signature) Nurofen \_\_\_\_\_ (signature)

Antihistamine \_\_\_\_\_ (signature) Nuromol \_\_\_\_\_ (signature)

If alternative options/brands are required, please provide your child with these to bring to camp.

*Students bringing their own medications must advise the First Aid Officer.*

All medications must be placed in a container marked with the student’s full name and will be retained by the First Aid Officer for the duration of the Camp.

My child will be bringing the following medication to Camp:

\_\_\_\_\_ Dosage am \_\_\_\_\_ pm \_\_\_\_\_  
\_\_\_\_\_ Dosage am \_\_\_\_\_ pm \_\_\_\_\_  
\_\_\_\_\_ Dosage am \_\_\_\_\_ pm \_\_\_\_\_

**Consent to Treat (Parent/Legal Guardian – please read and sign)**

I agree to the First Aid Officer attending to the needs of my child, when required, for the duration of the camp.

**Medical Emergency Authorisation (Parent/Legal Guardian – please read and sign)**

I authorise the First Aid Officer in attendance, or LJBC camp staff to seek medical/dental attention, call an ambulance, or hospitalise my child if necessary, and I agree to pay for any expenses incurred. I agree that if an emergency occurs requiring surgery, anesthetic, or medication, if I or any of the Emergency Contacts listed cannot be contacted within a reasonable time, the First Aid Officer or LJBC camp staff has the authority to agree to recommended treatment by an accredited medical practitioner on my behalf and to use such health or personal information as may be considered necessary.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Behaviour**

**Behaviour (Student – please read and sign)**

I understand and agree to abide by all camp rules. I accept that if I breach or infringe any of the camp rules/codes of conduct, whether verbal, written or traditionally understood, that I may be excluded from the camp. My parents/legal guardians will be required, at their expense, to arrange for me to be collected immediately.

Student’s name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Behaviour (Parent/Legal Guardian – please read and sign)**

College staff realise the responsibility parents/legal guardians entrust to them when they allow their child(ren) to attend a camp of this nature, and therefore attempt to cover all eventualities. Like parents/legal guardians, College staff place their trust in the student to demonstrate sensible and compliant behaviour at all times. All camps are an extension of school, and as such are covered by the same rules. In addition, each camp/camp site has additional rules which must be observed. Students who breach or infringe any of the camp rules/codes of conduct, may be excluded from the camp and the parent/legal guardian will be expected to collect their student immediately or bear the cost of transport home by taxi.

**I have read and accept these conditions and give my child permission to attend this camp.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Aquatic activities**

**Swimming Ability (Parent/Legal Guardian – please circle as appropriate. There is no need to complete this section if the camp program does not include aquatic activities).**

What is your child’s swimming ability?

Non Swimmer	Beginner Levels 1-3	Intermediate Levels 4-5/6	Advanced Levels 7-9	Bronze Strand Level 10-15	Bronze Medallion Level 16
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**Permission to participate in aquatic activities**

**(Parent/Legal Guardian – please read and sign)**

I agree to allow my son/daughter \_\_\_\_\_ to participate in the aquatic activities outlined in the accompanying letter.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Notes/Additional Information**

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