



Uniting Summer Camp Application Form

Please write clearly, answer all questions and return the form to; groupwork@vt.uniting.org or to the Uniting Wimmera Office; 185 Baillie Street Horsham 3400. Alternatively please send forms back in self-addressed envelope provided.

CAMPER'S DETAILS

Given Name _____ Family Name _____

Male Female DOB ____ / ____ / ____ Child's age at camp: ____

Do you identify as Aboriginal or Torres Strait Islander?

Aboriginal Torres Strait Islander Aboriginal and Torres Strait Islander Neither

T-shirt Size: 8 10 12 14

Address: _____

Postcode _____

Medicare Number: _____ Expiry Date ____ / ____ Child's number on card _____

Health Care Card Number _____ Expiry Date ____ / ____ / ____ Child's Number on card _____

PARENT/GUARDIAN DETAILS

Given Name _____ Family Name _____

Relationship to child _____

Phone (h) _____ Phone (w) _____

Mobile _____ Email _____

Given Name _____ Family Name _____

Relationship to child _____

Phone (h) _____ Phone (w) _____

Mobile _____ Email _____

Are there any accommodation, intervention or custody orders concerning the child? Yes No

If you answered yes, please provide details and a copy of order.

CHILD'S MEDICAL HISTORY:

Diabetes*	Yes <input type="checkbox"/> No <input type="checkbox"/>	Sleepwalking	Yes <input type="checkbox"/> No <input type="checkbox"/>
Epilepsy/seizures**	Yes <input type="checkbox"/> No <input type="checkbox"/>	Bedwetting	Yes <input type="checkbox"/> No <input type="checkbox"/>
Fainting/dizzy spells	Yes <input type="checkbox"/> No <input type="checkbox"/>	Travel sickness	Yes <input type="checkbox"/> No <input type="checkbox"/>
Heart problems	Yes <input type="checkbox"/> No <input type="checkbox"/>	Migraines	Yes <input type="checkbox"/> No <input type="checkbox"/>
Immunisations up to date	Yes <input type="checkbox"/> No <input type="checkbox"/>	Other (explain below)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Physical Disability	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of last Tetanus injection	/ /
Please explain further (please add additional sheets if necessary): <hr/> <hr/> <hr/> <hr/>			
* Must provide more information of diabetes and diabetes plan whilst on camp. **please describe type, frequency, length and management of seizures, and date of last seizure			

ASTHMA

Does your child have asthma Yes No

If you answered yes, please attach your child's current ASTHMA MANAGEMENT PLAN

ANAPHYLAXIS/ALLERGIES

Has your child been diagnosed as anaphylactic? Yes No

Does your child carry an adrenaline injector? (Eg EPIPEN) Yes No

Does your child have any allergies? Yes No

If you answered yes, please attach your child's current ALLERGY/ANAPHYLACTIC ACTION PLAN

Please list all anaphylaxis/allergies, symptoms and required treatment below:

Anaphylaxis/Allergies	Reaction/Severity	Treatment

MEDICATIONS

Will your child require Uniting camp staff to provide medication to your child during camp? Yes No

If you answered yes, please list the medication, dose and time to be given below (medication must be provided in the original bottle or container clearly labelled with the name of the child and the dosage information)

Medication name & dose	8am	12.30pm	6pm	9pm	other	As needed

OVER THE COUNTER MEDICATIONS

Do you give permission for Uniting camp staff to administer 'over the counter' medication

Yes No

The Uniting camp staff will administer 'over the counter' medications as required. Are there any medications that your child **cannot** take/use? Eg. Sunscreen, Paracetamol, Ibuprofen, Band-Aids
Please list these medication/s below

COMPLEX BEHAVIOURS

Has your child ever been diagnosed with or display complex behaviours Yes No

If you answered yes, please help us understand the nature of the behaviour. **Please attach any behaviour management plans.**

ADHD - inattentiveness Yes No
ADHD - hyperactive/ impulsive Yes No
Oppositional defiance / conduct disorder Yes No
Mood disorders / anxiety Yes No
Autism spectrum disorder Yes No Type of ASD _____
Does your child have an intellectual disability? Yes No Intellectual Age _____

How will this affect their time at camp, and how should we be of assistance?

OTHER INFORMATION:

Dietary Requirements:

Vegetarian Gluten Free Diabetic Other (please describe)

Does your child have any cultural beliefs or practices we should be aware of? Yes No

Does your child make friends easily? Yes No

Does your child know anyone also attending camp? Yes No

Name(s): _____

Has your child stayed away from home on a camp before: Yes No

If yes, what was the longest time spent away: _____

If your child misses home to a degree that is affecting his or her enjoyment of camp, or your child's behaviour is causing danger to themselves or other campers are you able to pick them up? Yes No

Have there been any significant emotional stresses in your child's life that may affect their camp experience? Yes No

If so please describe:

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 camp.

Consent to participate in activities and receive any urgent medical attention:

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

Signature _____ Name _____ Date ____ / ____ / ____

Consent for photography / video:

I _____ DO / DO NOT (please circle) consent to photos of myself and child/ren to be used for marketing and media purposes only by Uniting Wimmera.

Signature _____ Child's Name _____ Date ____ / ____ / ____

Consent for photography / video:

I _____ DO / DO NOT (please circle) consent for individual photos of myself and child/ren to be taken to my family for personal use.

Signature _____ Child's Name _____ Date ____ / ____ / ____