

# PERMISSION SLIP FOR CAMP REVOLUTION, 2012

**CONFIDENTIAL**

All Saints Anglican Church, North Epping, 295 Malton Rd, North Epping, 2121

*If you need more copies of this form, email Matt, matt@allsaintsnorthepping.org.au*

## Details of Child

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: / / \_\_\_\_\_ Male/Female \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Ph (home): \_\_\_\_\_ (work): \_\_\_\_\_ (mobile): \_\_\_\_\_

Current School Year (2012): \_\_\_\_\_ School: \_\_\_\_\_

## Child's Health Information

Emergency contact (if parents cannot be reached): \_\_\_\_\_ Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Suburb: \_\_\_\_\_ Phone: \_\_\_\_\_

Medicare No. \_\_\_\_\_ Card Ref No: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Health Ins Co: \_\_\_\_\_ Membership No: \_\_\_\_\_ Date of last tetanus booster: \_\_\_\_\_

Ambulance Membership: \_\_\_\_\_ yes / no \_\_\_\_\_

Describe in full any allergies (drugs, food, environment) and the medication taken: \_\_\_\_\_

\_\_\_\_\_

Is your child on a special diet? \_\_\_\_\_ yes / no. (If yes, please give details overleaf)

Does your child take any medication? \_\_\_\_\_ yes / no. (If yes, please outline dosage, purpose, and times overleaf)

Operations of serious illnesses? \_\_\_\_\_ yes / no. (If yes, please detail date and type overleaf)

To protect from possible embarrassment, does your child wet the bed or walk in his/her sleep? yes / no.

Does your child have any known behavioural problem? \_\_\_\_\_ yes / no. (If yes, please provide details overleaf)

If your child is restricted from any activity, please note the restriction and specify the condition involved: \_\_\_\_\_

\_\_\_\_\_

Does your child have a disability (i.e., physical/mental/learning/emotional)? yes / no. \_\_\_\_\_

\_\_\_\_\_

Can your child swim? \_\_\_\_\_ yes / no. How many metres? \_\_\_\_\_

Is there anyone who is legally restricted from seeing your child? yes / no. If yes, who? \_\_\_\_\_

For the purposes of electronic communication with my child (such as reminder of events), I include the following details:

Child's email address: \_\_\_\_\_ Child's mobile phone: \_\_\_\_\_

I give permission for photos/video of my child to be taken at camp, and it could be used when advertising the group: yes / no.

## Parents, please read, sign and date the following:

My signature below indicates my willingness to permit my child:

- to participate fully in all the activities of Camp Revolution, on the 23<sup>rd</sup> - 25<sup>th</sup> January, 2012.
- In the case of medical emergency, I hereby give permission to the Doctor chosen by the church authorities or other persons supervising or administering the camp, to secure proper treatment for and/or order hospitalisation, injection, anaesthetic, or surgery for my child as named. I understand that every effort will be made to contact me prior to instituting such procedures.

**Signature or Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_