



CONSENT FORM

***Please complete this form and return with your application form**

FAMILY NAME: _____

CHILD/ CHILDREN'S NAME/S: _____

ADDRESS: _____

SUBURB: _____ P/C: _____

MEDICAL TREATMENT WHILST AT CAMP

If mild fever, pain, mild allergy or cough occurs, I give permission for the Camp nurse to administer:

Paracetamol Yes No Claratyne Yes No Cough Syrup Yes No

Liquid or Tablet Usual Dose _____

Name _____ Signed _____ Date _____

If my child/children or other family members named in this application requires medical or hospital treatment, in the event that I am not present during the time of the Camp, I do hereby consent to the Camp Administrators obtaining such treatment with all possible speed and at my expense.

Parent's Name: _____

Signature: _____ Date: _____

PERMISSION TO FILM / PHOTOGRAPH / OFF SITE

I give permission for our child/children to be: (Please Tick)

- ❖ Taken Off Site YES NO
- ❖ Photographed for inclusion in a "Memories of our Holiday" book. YES NO
- ❖ Photographed/filmed for an article in the newspaper/TV YES NO
- ❖ Be presented for an interview on radio YES NO
- ❖ Included in promotions to raise funds for the camp YES NO
- ❖ Video'd for inclusion in a permanent record of your holiday YES NO

Signature: _____

Date: _____