

OUTDOOR ADVENTURE CAMPS

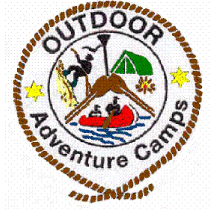
Campsite - 256 Webbs Creek Rd, Wisemans Ferry 2775

W: www.outdooradventurecamps.com.au

E: steve@outdooradventurecamps.com.au

P: 4566 4366 F: 4566 4288 M: 0427 077 805

ABN: 21 101 573 406



PARTICIPANT MEDICAL and PERMISSION FORM

The following information is compiled to assist in case of any medical situation with your child. All information is confidential.

SCHOOL		YEAR	
CAMP DATES			

CHILD'S NAME			
ADDRESS			
HOME TELEPHONE			
DATE OF BIRTH		GENDER	Male / Female

EMERGENCY CONTACTS			
CONTACT NAME			
RELATIONSHIP TO CHILD			
ADDRESS			
TELEPHONE	HOME:	WORK:	MOBILE:

MEDICARE NUMBER			
MEDICAL FUND		POLICY No	
DOCTOR'S NAME		TELEPHONE	

PARTICIPANT'S MEDICAL DETAILS – If YES to any of the following, please give details or attach note
Is the participant having treatment for any conditions or illnesses?
Is the participant currently taking any drug or medication?
Does the participant have any disabilities?
Does the participant have any allergies?
Does the participant have a history of heart conditions or problems?
Has the participant undergone surgery in the past 12 months?
As your child will be involved in a variety of activities that have elements of challenge in an outdoor environment, are there any phobias, fears or conditions that may prevent full involvement in the camp, or that the staff should be aware of? If YES please give details or attach note.
SWIMMING ABILITY Please circle: STRONG GOOD FAIR POOR NON-SWIMMER
DIETARY ISSUES Please circle: VEGAN VEGETARIAN FOOD ALLERGIES/INTOLERANCES (Specify) RELIGIOUS DIET (Specify)

I agree to meet the expense of my child being returned to school either by a teacher accompanying him/her or by collecting my child from the camp personally. I understand that such an arrangement may be necessary due to illness, injury or in the opinion of the teacher in charge that there is no cooperation of any description by my child. In the event of accident or illness I authorise the teacher in charge of the camp to consent where it is impractical to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary.

SIGNED		DATE	
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