



5. We strongly advise you to immunise your child against Tetanus prior to attending camp.

When was your/your child's last tetanus injection? _____

6. Outline any dietary requirements: _____

7. I give permission for my child to be given panadol if necessary Yes No

8. I give permission for my child to be given phenergan if necessary. Yes No

9. Is there any information the staff should know to ensure the physical and emotional safety of your child? (for example cultural practices; disability; anxiety about heights/darkness/small spaces; behaviour or emotional problems).

Yes No

If YES, please state or attach the information.

I also agree that if prescribed medication needs to be administered, a designated adult will be assigned to do this. I will ensure that prescribed medication is clearly labelled, securely fastened and handed to the designated adult with instructions on its administration.

I will inform the school as soon as possible of any changes in the medical or other circumstances between now and the commencement of the event.

I agree to my child receiving any emergency medical, dental, or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

Any medical costs not covered by ACC or a Community Service Card will be paid by me.

If my child is involved in a serious disciplinary problem, or actions that threaten the safety of others, s/he will be sent home at my expense.

Print name: _____

Signed: _____ Date: _____



(To be completed and signed by parent/caregiver of child participant)