



CAMP CONSENT FORM

Room: **Whole School**

Location: YMCA Raukawa Falls

DATES: 15, 16 & 17 September 2021

Child's full name: _____

Parent/Caregiver details:

Name: _____

Address: _____

Phone: (day) _____ (evening) _____

Emergency contact if not at home:

Name: _____ Relationship: _____

Phone: _____

I/We approve of my child attending this camp for 3 days.

I/We agree that he/she should take part in such activities and such necessary duties as may be required by the staff.

To the best of my knowledge he/she has not been in contact with any infections for the past four weeks.

I certify that he/she has no permanent disability nor is suffering from any complaint likely to prove detrimental to him/her or others while on camp.

Please tick the appropriate box/es on the following list of any condition/s which your child suffers and give the teacher in charge all relevant information. The object of this information is to avoid any discomfort your child may have whilst on camp. We hope that it will enable every child to attend and enjoy the camp rather than stay away for fear of uncertainty or embarrassment. This information may be given under separate cover if you desire.

Sinus Trouble Food allergies (Please state what allergy):

Hay fever Asthma Sting allergies Other

[] Tetanus immunisation Date: _____

1. Is there any information the staff should know to ensure the physical 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.

2. What pain/flu medication may your child be given if necessary?

[] 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.

Under no circumstances do children take their own supplies to camp. If you have a specific preference on what should be administered and when, please comment here and send labelled requirements to the teacher.

3. Outline any dietary requirements.

If my child is involved in a serious disciplinary problem, including the use of illegal substances and or alcohol, or actions that threaten the safety of others or self, he/she will be sent home at my expense.

I consider that he/she is a [] poor swimmer [] moderate swimmer
[] very capable swimmer

I will forward the **sum of \$140.00 being the camp fee**, by Friday 10 September 2021

Print Name:

Signed: Date: