

Year 10 Camps – Consent Form

Name: _____ Form: _____

- I would like my son/daughter to attend the Year10 camp at Borland Lodge, at a cost of \$120.
- I agree to staff obtaining medical assistance on my behalf and accept responsibility for any costs not covered by ACC.

Health Please indicate any health problems that the staff should be aware of and give details of the treatment and/or medication required.

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Allergies (including bee stings/hay fever) | <input type="checkbox"/> Migraine |
| <input type="checkbox"/> Soft tissue injury (sprains, strains) | <input type="checkbox"/> Period Pain |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Back pain |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Nosebleeds |

Other (give details) _____

Medication Details (including medication that your son/daughter is allergic to, or is not to be given) _____

Diet Please state if your son/daughter has any food intolerances/allergies/eating disorders/special requirements.

The above information is confidential to the class teachers (and the Teacher in Charge if necessary). Please feel free to contact the camp teacher prior to camp with more detailed information if this is necessary.

Conditions: Please read carefully

1. Students will be subject to the normal school rules of discipline at camp and unacceptable incidents could result in pupils being sent home. In such a case, parents would either collect the child from camp, or pay the cost of transport.
2. No smoking or alcohol will be tolerated.
3. No music players, video games or knives are to be taken to camp (other than in knife, fork, spoon sets).
4. A minimal amount of sweets, i.e. \$2-3 is acceptable
5. A pack inspection can be carried out at any time to ensure that unnecessary or inappropriate items are left out and that essential items are included.

Signed: _____ Parent/Caregiver

Phone No: _____ Home
_____ Work _____ Extension
_____ Cell

I am interested in attending the camp at no cost as a helper Yes/No

Please return to your son/daughters form teacher ASAP.