

**OFFICE USE ONLY**



THE PORTSEA CAMP  
EST. 1946

## Children's Holiday Camp Application Form

Please write clearly, answer all questions and return the form to your local organiser (country groups) or to the camp directly (individual bookings). Please keep a copy of the form and make sure to advise us of any changes – you may need to complete a medical update form if your child's health needs change.

### CAMPER'S DETAILS

Given Name \_\_\_\_\_ Family Name \_\_\_\_\_

Male  Female  DOB \_\_\_ / \_\_\_ / \_\_\_ Child's age at camp \_\_\_ T-shirt Size (Please circle) S M L XL

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Is your child with a group? Yes  No  Name of Group \_\_\_\_\_

Medicare Number \_\_\_\_\_ Expiry Date \_\_\_ / \_\_\_ Child's number on card \_\_\_\_\_

Health Care Card Number \_\_\_\_\_ Expiry Date \_\_\_ / \_\_\_ / \_\_\_ Child's Number on card \_\_\_\_\_

### PARENT/GUARDIAN DETAILS

Given Name \_\_\_\_\_ Family Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Phone (h) \_\_\_\_\_ Phone (w) \_\_\_\_\_

Mobile \_\_\_\_\_ Email \_\_\_\_\_

Given Name \_\_\_\_\_ Family Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Phone (h) \_\_\_\_\_ Phone (w) \_\_\_\_\_

Mobile \_\_\_\_\_ Email \_\_\_\_\_

Are there any accommodation, intervention or custody orders concerning the child? Yes  No

**If you answered yes, please provide details**

\_\_\_\_\_

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## CHILD'S MEDICAL HISTORY

Diabetes*	Yes <input type="radio"/> No <input type="radio"/>	Sleepwalking	Yes <input type="radio"/> No <input type="radio"/>
Epilepsy/seizures**	Yes <input type="radio"/> No <input type="radio"/>	Bedwetting	Yes <input type="radio"/> No <input type="radio"/>
Fainting/dizzy spells	Yes <input type="radio"/> No <input type="radio"/>	Travel sickness	Yes <input type="radio"/> No <input type="radio"/>
Heart problems	Yes <input type="radio"/> No <input type="radio"/>	Migraines	Yes <input type="radio"/> No <input type="radio"/>
Immunisations up to date	Yes <input type="radio"/> No <input type="radio"/>	Other (explain below)	Yes <input type="radio"/> No <input type="radio"/>
Physical Disability	Yes <input type="radio"/> No <input type="radio"/>	Date of last Tetanus injection	/ /

Please explain further (please add additional sheets if necessary):

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\* Must have review with medical team prior to attending camp and create a "DIABETES AT CAMP" MANAGEMENT PLAN (this may differ significantly from your home and school management plan)

\*\*please describe type, frequency, length and management of seizures, and date of last seizure

### **ASTHMA**

Does your child have asthma Yes  No

**If you answered yes, please attach your child's current ASTHMA MANAGEMENT PLAN**

### **ANAPHYLAXIS/ALLERGIES**

Has your child been diagnosed as anaphylactic? Yes  No

Does your child carry an adrenaline injector? (Eg EPIPEN) Yes  No

Does your child have any allergies? Yes  No

**If you answered yes, please attach your child's current ALLERGY/ANAPHYLACTIC ACTION PLAN**

Please list all anaphylaxis/allergies, symptoms and required treatment below:

Anaphylaxis/Allergies	Reaction/Severity	Treatment

### **MEDICATIONS**

Will your child require camp medical staff to give them medication during camp? Yes  No

**If you answered yes, please list the medication, dose and time to be given below (medication must be provided in the original bottle or container clearly labelled with the name of the child and the dosage information)**

Medication name & dose	8am	12.30pm	6pm	9pm	other	As needed

**OVER THE COUNTER MEDICATIONS**

**Do you give permission for medical staff to administer 'over the counter' medication** Yes  No

The medical staff will administer 'over the counter' medications as required. Are there any medications that your child **cannot** take/use? Eg. Sunscreen, Paracetamol, Ibuprofen, Band-Aids

Please list these medication/s below

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**COMPLEX BEHAVIOURS**

Has your child ever been diagnosed as having complex behaviours Yes  No

**If you answered yes**, please help us understand the nature of the behaviour. **Please attach any behaviour management plans.**

ADHD - inattentiveness Yes  No

ADHD - hyperactive/ impulsive Yes  No

Oppositional defiance / conduct disorder Yes  No

Mood disorders / anxiety Yes  No

Autism spectrum disorder Yes  No

Type of ASD \_\_\_\_\_

Does your child have an intellectual disability? Yes  No

Intellectual Age \_\_\_\_\_

How will this affect their time at camp, and how should we be of assistance?

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**OTHER INFORMATION:**

Dietary Requirements:

Vegetarian  Gluten Free  Diabetic  Other  (please describe)

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Does your child have any cultural beliefs or practices we should be aware of? Yes  No

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Does your child make friends easily? Yes  No

Does your child know anyone also attending camp? Yes  No  Name(s): \_\_\_\_\_

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Has your child stayed away from home on a camp before: Yes  No

If yes, what was the longest time spent away: \_\_\_\_\_

If your child misses home to a degree that is affecting his or her enjoyment of camp, or your child's behaviour is causing danger to themselves or other campers are you able to pick them up? Yes  No

Have there been any significant emotional stresses in your child's life that may affect their camp experience?  
If so please describe:

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Please provide any additional information you feel may be useful for us to know, to enable your child to get the most out of their stay at camp.

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**Consent to participate in activities and receive any urgent medical attention:**

I, the undersigned, hereby consent to my child, the above named, participating at The Portsea Camp, including involvement in potentially dangerous and life threatening recreational activities such as the high ropes course, Giant Swing, initiative activities and water-based activities and transport off site as required. In the event of an accident or emergency, I authorise the servants and agents of The Portsea Camp to obtain for my child, all the necessary medical and dental assistance and treatment as may be required. I agree to reimburse The Portsea Camp and pay all expenses incurred in relation to such assistance and treatment. I hereby release to the full extent permitted by law The Portsea Camp and its servants and agents from all claims and demands of every kind for any accident harm or loss which my child may suffer or that I may suffer as a result of my child participating in The Portsea Camp. I hereby indemnify The Portsea Camp and its servants and agents to the full extent permitted by law for any loss, damages, expenses, claims, actions and suits brought for and on behalf of my child and arising out of or in any way connected to The Portsea Camp.

Signature \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_

**Consent for photography / video:**

I consent to The Portsea Camp using photographs or videos of my child in any legal way that it thinks fit, including publication or dissemination in any medium. I acknowledge that The Portsea Camp is the owner of any intellectual property in such images and any material (including promotional material) created using the photographs or videos. I waive any moral rights that I might have in my child name, his/her images, photographs, or any captions relating to the photographs or videos. I release and forever discharge The Portsea Camp and its servants and agents against all proceedings, claims and demands by me in respect of any matter or thing, including loss or damage of any kind sustained or likely to be sustained by me as a result of, arising out of, or in connection with, any use by The Portsea Camp of the photographs or videos and any captions relating to them. I acknowledge that I have no right to require payment for, or participate in, any proceeds arising out of the use of the photographs or videos. All inappropriate photography including photos taken in bedrooms, close-ups of sensitive body areas and photos that in any way demean the child ARE NOT PERMITTED. All children will be provided with a link to photos which will be available through the camp website.

Signature \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_