



Medical Form – Campers without Additional Support Needs

Please complete and return to Lynne Verghese: d2bdcamp@gmail.com | 10/27 Elizabeth St Parramatta NSW 2150

Camper's name _____ Date of Birth __ / __ / ____ Male/Female

Address _____

Suburb _____ Postcode ____-____ Ph (H) _____

Parent/Guardian Name _____ Ph (H) _____ Ph (M) _____

E-mail _____

Church you attend (if applicable) _____ Suburb _____

Health Information

Emergency contact name if not parent / guardian _____ Phone _____

Family Doctor _____ Phone _____ Medicare number _____

Are childhood vaccinations up to date (if not please explain)? **yes / no**

Can non-prescription pain relief be given as needed? **yes / no**

Allergies (drugs, food, environment)? **Yes / No**

If yes, specify below:

	Allergy	Reaction to allergy	Treatment/drug required
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____

Swimming

Can the camper swim? **yes / no** If yes, how well? _____

If no, is he/she able to paddle in the shallow end of the pool

Other (Please include any other information which will aid camp leaders in caring for the camper)

Booking Conditions (This section must be completed by the parent/ legal guardian)

I understand that Scripture Union N.S.W do not permit the use of alcohol, non-prescribed drugs or smoking on its activities and that anyone found in breach of this can expect to be sent home immediately. I have communicated this information to my child. I agree with this condition

I understand that although Scripture Union N.S.W attempts to minimise any risk of personal injury, all physical activities carry risks that may result in personal injury or death to the participant and that accidents may occur. I acknowledge that personal injury is an inherent risk within the activities undertaken as a part of this program. I acknowledge that there is a risk of injury

In the event of accident or illness, I authorise the director/s to consent, where it is impracticable to communicate with me, to my son/daughter receiving any x-ray examination, anaesthetic, medical, surgical or hospital treatment as may be deemed necessary by a licensed physician and/or surgeon. I also authorise the director to engage such treatment and agree to pay the appropriate fees for such service and treatment. I agree to meet the expense of my son/daughter being returned home, either by the director or leader accompanying him/her and then rejoining the group or by collecting him/her personally.

I understand that such an arrangement may be necessary due to illness, injury, or if, in the opinion of the director, non-cooperation of any description or the inability to meet the rigors and requirements of the activity by my son/daughter. I agree to my son/daughter attending the activity on this understanding. I agree with this condition.

Consent to Use Images

I am happy for my child's image to be used in SU NSW promotional material. (To guarantee your child's exclusion, a current photo of your child must be supplied with this application).

Please tick:

- I give permission for my child's image to be used
- I do not give permission for my child's image to be used

Print Name _____

Date _____

Signature (Parent / Guardian) _____