

PARTICIPANT DETAILS

Surname

Given name(s)

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Address

	Post Code
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Name of School

School Year

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DOB

Age

M / F

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PARENT /GUARDIAN DETAILS

Surname

Given name

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Home Phone

Work Phone

Mobile

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SPECIAL NEEDS

DIET List all special dietary requirements eg vegetarian, no dairy, no wheat etc.

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OTHER SPECIAL NEEDS.

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MEDICAL INFORMATION

Does the participant suffer from any of the following?

<input type="checkbox"/> Any allergic condition	<input type="checkbox"/> Skin condition	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Epilepsy fits or blackouts	<input type="checkbox"/> A disability or chronic illness	<input type="checkbox"/> Asthma (include asthma plan)
<input type="checkbox"/> Attention deficit disorder (ADD/ADHD)	<input type="checkbox"/> Sleep walking	<input type="checkbox"/> A current illness eg. flu
<input type="checkbox"/> Bed wetting	<input type="checkbox"/> Behavioural problems	<input type="checkbox"/> Other

If yes to one or more, please give details (*attach sheet if required*)

Medicare number

Valid until

Private Health Fund

Do you have ambulance cover?

CURRENT MEDICATION

Name	Times and dosage – please specify exact time of medication									
	Breakfast		Lunch		Dinner		Before Bed		Other	
	Time	Dose	Time	Dose	Time	Dose	Time	Dose	Time	Dose

Swimming Ability

- Strong – 50 metres unaided
- Average – 25 metres unaided
- Poor – 10 metres unaided
- Non-swimmer

I agree to my child’s attendance at CYC “The Island” and to his/her taking part in any activity and excursions arranged for the participant in connection with this year’s Wintercamp. I also authorise designated members of GASS Victoria to supervise my child while taking medication as requested by me on this form. In the event of any accident or illness, I authorise the obtaining of such medical assistance on my behalf that my child may require. I also undertake to pay medical fees and / or costs of medication that may be incurred while my child is at CYC “The Island”.

I hereby release and indemnify GASS Victoria against all actions, suits, claims, demands, proceedings, losses, damages, compensation, costs, charges, and any expenses whatsoever in respect of any personal injury of any infringement disturbance or destruction of any rights of any person including myself and son/daughter/ward arising directly or indirectly out of the aforementioned administration of medication.

Full name of parent / guardian (under 18) or participant (over 18)

Signature

Date