



**CONSENT FORM FOR CAMP/EXCURSION**  
(To be completed in conjunction with medical information and activity information sheets)  
Please use block letters when filling out this form

As a parent/guardian of:

STUDENT/CHILD'S NAME	
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I:

PARENT/GUARDIAN NAME	
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give my consent for him/her to participate in:

NAME OF ACTIVITY	YEAR 8 CAMP – Cost \$230.00 (incl. GST)
REASON FOR AND DESCRIPTION OF ACTIVITY	Students engage in team building and challenging, educational learning experiences to enrich student life experiences.

ation:

LOCATION	Glenhaven Camp Site, Stockport.
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FROM: [ ] [ ] [ ] [ ] TO: [ ] [ ] [ ] [ ] OR ON: [ ] [ ] [ ] [ ]

The school/preschool will use the student's current Health Care Plan unless otherwise instructed.

Has a current Health Care Plan been provided to the school/preschool? Yes  No

If No, please provide an updated Health Care Plan to the school/preschool on completion of this form. ↴  
Details of planned activities, transport arrangements, anticipated number of students/children and supervising teachers/instructors are provided on the information sheet attached.

**Agreement**

- I agree to delegate my authority to supervising teachers/instructors. Such supervisors may take whatever disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of the students as a group and individually.
- In the event of an accident or illness and contact with me being impracticable or impossible, I authorise the teacher-in-charge to arrange whatever medical or surgical treatment a registered medical practitioner considers necessary. I will pay all medical and dental expenses incurred on behalf of my child.
- I have also attached additional or updated health care information, including details of any additional health support he/she requires to undertake the above activities safely. I also consent to my child's doctor or medical specialist being contacted in an emergency.
- The information given is accurate to the best of my knowledge.
- I am aware that this is an optional excursion/activity which is not an essential part of the curriculum and that unless payment or a written commitment to pay has been received that my child will not attend. I therefore agree to the pay the amount detailed above for my child to attend the excursion/activity.

Signed:

\_\_\_\_\_  
Emergency Contacts - Parent/Guardian

Date: / /

NAME	
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ADDRESS	
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POSTCODE	
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HOME TELEPHONE		WORK TELEPHONE		ALTERNATIVE TELEPHONE	
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Student Medic Alert Number (if applicable):	
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\*Any health care information provided is not intended to prevent your child participating unless specific medical advice warrants exclusion. The health care information you supply to the school/preschool will be treated confidentially. Such information is sought in order to protect and assist the student so the activity may be a safe and enjoyable experience. Please contact the teacher-in-charge if you wish to discuss any health care problems.



# INFORMATION SHEET FOR PARENTS

(PLEASE ATTACH TO CONSENT FORM ED170)

NAME AND DATE OF CAMP/EXCURSION  YEAR 8 CAMP	DETAILS OF PLANNED ACTIVITIES  Students engage in team building and challenging, educational learning experiences to enrich student life experiences.	TRANSPORT ARRANGEMENTS  Travel is via Bus	ANTICIPATED NUMBER OF STUDENTS/CHILDREN ATTENDING	NUMBER OF SUPERVISING TEACHERS/INSTRUCTORS	SCHOOL UNIFORM TO BE WORN  YES <input type="checkbox"/> NO <input type="checkbox"/>	DIETARY REQUIREMENTS:  <i>Insert more info here:</i>
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# GLENHAVEN PARK MEDICAL & CONSENT FORM

PO Box 28 Stockport SA 5401 email- glenhavenpark1@bigpond.com Phone- 08 85282250

Name of participant: _____	
Address: _____	
Age: _____	DOB: / / _____
Emergency Contact: Name: _____	
Phone: (hm) _____ (wk) _____	
Medicare No. _____	
Private Medical Cover: Y/N _____	
Doctors Name & Address: _____ Phone: _____	
Do you suffer from: any chronic injury or illness? Y/N _____ (details) _____	
Asthma? Y/N Triggers: _____ (details) _____	
Do you have any allergies? (e.g. drugs, food, plants) Y/N _____ (details) _____	
Do you suffer from: Heart Problems? Y/N _____ (details) _____	
Blood Pressure? Y/N _____ (details) _____	
Do you have any emotional/behavioural disorders? Y/N _____ Phobias? Y/N _____	
If you require medication? Y/N _____	
If you please specify: _____	
Have you been ill or required medical attention in the last 4 weeks? Y/N _____	
If you please specify: _____	
If you seen a doctor in the last four weeks please attach a medical certificate consenting to their attendance _____	
Special Dietary Requirements? _____	

## ADULT CONSENT

I understand that Glenhaven Park and its instructors will take reasonable care for the welfare and safety of those attending Glenhaven Park but are not responsible for any accident or sickness otherwise occurring. I acknowledge that going to Glenhaven Park may involve participation in activities of a hazardous nature, though Glenhaven Park and its instructors will take reasonable care to minimise risk to participants. I have detailed herein and on any attached pages any disabilities or susceptibilities that may affect me, that may place me at greater than normal risk. I authorise Glenhaven Park and its instructors to obtain medical assistance and/or ambulance transportation in the event of illness or injury as they think necessary and authorise qualified medical practitioners to administer anaesthetic, blood transfusions or any other procedures deemed necessary. I also agree to pay all the cost of any expenses incurred as a result of such medical assistance and/or ambulance transportation.

I consent to photos taken of myself/my child at Glenhaven Park are able to be used for publicity purposes only.  yes  no  
 I acknowledge that attending Glenhaven Park might entail the use of the swimming pool for activities and give my consent for myself/my child to participate in these activities.

I consent to/or my child attending Glenhaven Park and participating in activities on this understanding

Signature \_\_\_\_\_  
 Full Name \_\_\_\_\_  
 Date \_\_\_\_\_

The information provided by participants will only be used by Glenhaven Park to meet the duty of care responsibilities of the business and will only be disclosed for purposes directly related to the purpose for which it is collected.

