



South Wellington Intermediate School

Camp Consent and Medical Form

Student's name: _____ **Home Room:** _____

I give permission for my son / daughter to take part in the South Wellington Intermediate School camp to be held at Tatum Park, Levin.

Please highlight the camp appropriate to your child:

| | | |
|---------|------------------|--------------------|
| Camp 1: | 18 - 20 February | Rooms 1, 2, 3, 14 |
| Camp 2: | 20 - 22 February | Rooms 5, 13, 16,17 |
| Camp 3: | 25 - 27 February | Rooms 4, 6, 12, 15 |
| Camp 4: | 27 Feb – 1 March | Rooms 8, 9, 10, 11 |

I agree that he/she should take part in the activities and duties as requested by the staff.

To the best of my knowledge, he / she has no medical or physical disabilities likely to prove harmful to him / her or other people during the camp.

Camp for 2019 will cost \$215 and is payable in one of the following ways

The camp fee of \$_____ is enclosed with this form

The camp fee of \$_____ has been paid directly/ or arranged payment at the school office

The camp fee of \$_____ has been paid at kindo.co.nz

The camp fee of \$_____ has been paid via internet banking

South Wellington Intermediate School

ASB Bank Limited

Account number: 12 3141 0338498 00

Signature of parent / caregiver: _____

Date: _____

Telephone numbers

Home: _____

Work: _____

Mobile: _____

Emergency contacts

Name: _____

Day: _____ Night: _____

Name: _____

Day: _____ Night: _____

Doctor: _____ Phone: _____

Health

Please highlight any known health issue / s that may affect your son / daughter at camp.

- Migraine Epilepsy Asthma
- Diabetes Travel Sickness Chronic nose bleeds
- Heart condition Dizzy Spells Colour blindness
- ADHD ASD Other (Please specify) _____

Treatment: _____

Treatment: _____

Medication: _____

Medication: _____

How may it impact them participating in activities: _____

All medication should be labelled with the child's name and dosage, and handed in to the teacher in charge of the camp on arrival.

My son / daughter is allergic to the following items

_____ Treatment _____

_____ Treatment _____

_____ Treatment _____

_____ Treatment _____

When was your child's last tetanus injection? _____

Permission to administer pain relief (Paracetamol) Yes No

Special dietary requirements:

Outline any dietary requirements:

Swimming level

I believe my son / daughter's confidence level when swimming in a pool is:

(please circle one)

Very confident Confident Apprehensive Not confident

I believe my son / daughter's confidence level when flowing water (sea, river etc) is:

(please circle one)

Very confident Confident Apprehensive Not confident

Is there any other information that may be beneficial us knowing to ensure your son/daughter has a successful camp experience?

Please initial below each of the statements below

I agree that prescribed medication will be administered by a designated adult. I will ensure that this medication is clearly named and instructions for administration will be provided.

I agree to my child/myself receiving any emergency medical, dental, or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by medical authorities.

Any medical costs that are not covered by ACC or a community service card will be paid by me.

If my child is involved in a serious disciplinary problem, including the use of illegal substances and/or alcohol, or actions that threaten the safety of others, s/he will be sent home at my expense.

To be read and signed by adult participant or parent/caregivers of the child participant.

Signature: _____ Parent's Name: _____ Date: _____