



THE PORTSEA CAMP
EST. 1946

Compulsory Information Night

When: Monday 16th September

Where: My Place Youth Facility
5-7 Main St Pakenham

Time: 5pm-6pm

The information night covers all aspects of the camp from expectations, staffing, what to bring and all the fun activities you will have the opportunity to take part in.

You will also have the opportunity to meet the camp staff and ask any questions you have about the camp.



THE PORTSEA CAMP
EST 1948

Teen Camp (13-16 year olds) Application Form

Please write clearly, answering all questions and return the form to your local organiser and/or local government groups or to the camp directly (individuals). Please keep a copy of the form and make sure to advise us of any changes.

Child's details

Given Name _____ Family

Name _____

Male Female DOB ___ / ___ / ___

Address

—

_____ Postcode

Medicare Number _____ Expiry date ___ / ___ / ___ Number on card _____

Health Care Card Number _____ Expiry Date ___ / ___ / ___ 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 your child?

Yes No

If yes, please provide details

Asthma

Does your child have asthma Yes No

If you answered yes, please attach a 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 a 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 required

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

Child's personal details

General abilities and interests

Is your child confident in the water? Yes No

What are your child's general interests (eg. reading, art, performance, sports)?

What is the best way for us to help your child deal with upsets at camp?

Does your child have an intellectual disability? Yes No

If you answered yes, how will this affect their time at camp and how should we be of assistance?

Does your child have a physical disability? Yes No

If you answered yes, how will this affect their time at camp and how should we be of assistance?

Complex Behaviours

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

If you answered yes, please help us understand the nature of the behaviour

- ADHD – inattentiveness Yes No
- ADHD – hyperactive and impulsive Yes No
- Mood disorders/anxiety Yes No
- Oppositional Defiance & Conduct Disorder? Yes No
- Autism spectrum disorder? Yes No Type of ASD

- Other - please

describe: _____

Child's social situation

Have there been any significant emotional stresses in your child's life that may affect their camp experience? Yes No **If you answered yes**, please describe.

Does your child make friends easily? Yes No **If you answered no**, please describe.

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

If you answered yes, please describe:

Child's dietary requirements

Does your child have any special dietary requirements? (eg. Vegetarian, Gluten Free, Halal, Kosher) Yes No

If you answered yes, please describe.

Additional information

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 the camp.

Consent to participate in activities and receive any urgent medical attention

I, the undersigned, hereby consent to the applicant, the above named, participating at The Portsea Camp, including involvement in potentially dangerous and life threatening

recreational activities including high ropes course, Giant Swing, initiative activities, off-site (by foot, boat, bicycle or vehicle) and water-based activities. In the event of an accident or emergency, I authorise the servants and agents of The Portsea Camp to obtain for the applicant 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 the applicant may suffer or that I may suffer as a result of the applicant 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 the applicant 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 the applicant 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 the applicant's name/s, his/her/their 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.

Inappropriate photography, including photos taken in bedrooms, close-ups of sensitive body areas and photos that in any way demean a child, IS NOT PERMITTED.

All children will be provided with a link to photos which will be available through the camp website.

Signature _____ Name _____ Date ___ / ___ / ___

Ensuring your privacy

The Portsea Camp will ensure that the applicant's privacy is protected. Except in an emergency, we will not divulge any information on camp participants to a third party without the prior consent of a parent or guardian. All information about the applicant provided to leaders at camp is destroyed immediately following the camp except for a single copy accessible to limited camp personnel as required by law.