CONTACT DETAILS/ CODE OF BEHAVIOUR AGREEMENT

Students Name:		
Home address:		
Parents' or Guardians'Names.		
		Contact telephone: (Home)(Parent's work)
(Other)Email:		
Special Dietary requirements		
 CAMP CODE OF BEHAVIOUR As a camp participant Follow all directions of camp management/ coaches and adult helpers Participate to the best of your ability in all camp activities Show support and encouragement towards other camp participants Observe bed time and lights out times. We all need enough rest for camp to be a success. Keep socialising for the common areas. Visiting or socialising within bedrooms or dormitories is not permitted. Arrive promptly at mealtimes, and for bus departures or commencement of activities. Be responsible in organising all necessary gear and equipment in good time before departing to activities. Please note that it is compulsory for participants to wear ankle strapping tape or braces, while orienteering, unless there are sound medical reasons given not to. This greatly reduces the number and severity of ankle injuries on camp. Be prompt and co-operative in attendance/ completion of any allocated chores or duties, eg 		
 washing up. Be friendly and polite to all participants and camp staff. Smoking, drinking of alcoholic beverages, or the taking of non-prescribed drugs is strictly forbidden. Stay within designated camp area, or activity area at all times. Any necessary departure from this must be with the permission of a QOA camp manager. 		
Breach of the Code A breach of this code of behaviour, in the opinion of camp officials, may result in the participant being banned from the remainder of the camp and may also result in the participant being sent home by the first available transport. Parents and the QOA Committee will be notified. Any additional expense incurred will be the responsibility of the parents. Further disciplinary action may be considered depending on the seriousness of the breach.		
Participant's agreement: I hereby agree to abide by all requirements of the Code of Behaviour outlined above		

Please return all forms by Sunday the 30th of JUNE, 2021

Signature:.....Date:.....

MEDICAL DETAILS/ PARENTAL PERMISSION

The personal information on this form is confidential, and will be retained only for the duration of the camp, after which time it will be destroyed.

Name:		
Medicare No:	Health fund and Number:	
Doctor's name and phone	number:	
My son/daughter has been immunised against the following.		
(Please show last year of	immunisation if known)	
Can your son/daughter be PanadolAspirin.	given?NurofenAntihistamine	
	ently taking any prescribed medication?	
aggravated by physical ac	ering from any injury or condition which is likely to be tivity?	
,	uffer from any allergies or asthma?	
Does your son/daughter ha	ave any special dietary requirements?	
	edical history	
in travel and camp activiti responsible adults/coaches the outlined Code of Beha seek qualified medical atte authorise such qualified pr	to participate es, and agree that he/she be under the direction of a associated with camp at all times, and that he/she follow aviour. I hereby give permission for camp authorities to ention for the above participant should it be necessary, and I ractitioners to administer treatments, anaesthetics, and ises, and I understand that such medical attention will be to	
Signed:	Date	