



**Health details continued**

Participant's name	Medicare number	Position on card	Valid until
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

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

**Current medication**

Name	Time and dosage – please specify exact time of medication (attach details as required)									
	Breakfast		Lunch		Dinner		Before bed		Other	
	Time	Dose	Time	Dose	Time	Dose	Time	Dose	Time	Dose
eg. Bricanyl	8am	2 puffs	12.30pm	2 puffs	6pm	2 puffs	8pm	2 puffs		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Notes: 1. Scheduled medication must be provided in the original container (as required by legislation).  
2. Staff will collect, supervise and register the taking of all medication.

**Special requirements and dietary needs**

Please identify any special needs or requirements not listed above (eg. diet, wheelchair access etc.)

Has he/she had the four year olds vaccination as per the NSW Immunisation Schedule  
 Yes  No Year

Has he/she been immunised against measles?  
 Yes  No Year

**Previous experience**

Was the child involved in the decision to come to camp?  Yes  No

How does the child view coming to camp?

If the child is reluctant, what are his/her concerns?

Has the child attended any previous overnight camps?  Yes  No

If Yes, please comment on their experience

Is the child prone to:  Homesickness  Running away  Smoking

Please add any further comments on the above

Is there any other information that you can provide that can assist in making their time more comfortable? (Please attach details as required)

**Disclaimer****Please note**

- The fee must accompany the enrolment, otherwise the enrolment will not be accepted.
- Enrolment is necessary prior to the commencement of the program to secure your place.
- A receipt confirming the details of your booking will be issued after payment has been received.

**Privacy statement**

The Department of Education and Communities of 6 Figtree Drive, Sydney Olympic Park, NSW 2127 will collect and store the information you voluntarily provide to enable processing of enrolments for the program. The information will be provided to relevant staff and be provided to medical professionals where necessary. You consent to these disclosures. If you have been asked for information regarding Aboriginal and Torres Strait Islander descent and cultural background, this information is voluntary and is being compiled for statistical purposes only.

Any information provided by you will be stored on a database that will only be accessed by authorised personnel and is subject to privacy restrictions. The information will only be used for the purpose for which it was collected. Any information provided by you to the Department of Education and Communities can be accessed by you during standard office hours and updated by writing to us or by contacting us on 13 13 02.

I do not wish to receive promotional information about this service offered by Sport and Recreation.

**Refunds and cancellations**

Requests for refunds must be made within seven (7) working days prior to the commencement of the program in which you are enrolled. All requests must be made in writing. All refunds are subject to an administration fee of 20 per cent of the total program fee. Refunds will not be given for partial attendance, nor will make up lessons be provided. Refunds will be paid at the completion of the program. Sport and Recreation reserves the right to cancel any program(s). Every effort will be made to give reasonable notice to those who have enrolled when a program is cancelled. Those enrolled will be given a full refund.

**Risk warning and media consent**

- a) I agree for my child/ward to attend the Centre and to undertake all activities and/or to participate in the above program. In the case of an emergency, I authorize the Department of Education and Communities, Sport and Recreation staff, where it is impracticable to communicate with me, to arrange for my child/ward to receive such medical or surgical treatment as may be deemed necessary. I also undertake to pay or reimburse costs which may be incurred for medical attention, ambulance transport and drugs while my child/ward is attending the Centre/ enrolled in the program.

I understand that although the Department of Education and Communities, Sport and Recreation and its service providers attempt to minimise any risk of personal injury within practical boundaries, accidents do happen and all physical activities carry the risk of personal injury. I acknowledge that there is an inherent risk of personal injury in physical activities that will be undertaken at the Centre/as part of the program and I accept that risk.

- b) Please tick whichever applies to you:

I consent /  I do not consent to allow the NSW Government to use any photographs, sound and film recordings taken of my child/my ward at this program for the promotion of NSW Government services and initiatives to the media and to the general public.

Full name (print)  Parent  Guardian (please tick)

Signature

Date

 /  / 
**Returning this form**

If you wish to book more than one program, please photocopy this form. Please return to: Client Service Centre Locked Bag 1422, Silverwater NSW 2128 or fax to (02) 9006 3888.

**For more information**

call 13 13 02 or visit [www.dsr.nsw.gov.au](http://www.dsr.nsw.gov.au)

