



Edmund Rice Camps
VICTORIA

KIDS CAMP APPLICATION FORM 8-11 yr old boys & girls

ERC Incorporated: A15259X

Which camp are you applying for: _____
(If you are applying for more than one camp please state your preference with 1 being most preferred, 2, 3, etc)

Participant details:

Child's name: _____ Sex: Male / Female (circle)
Address of Child: _____
Suburb: _____ Post Code: _____
Date of Birth: ____ / ____ / ____ Age on Camp: _____
What is the main Language spoken at home? _____

Parent/Guardian Details:

Parent/Guardian's name: _____ Relationship to child: _____
Home Address: _____ Post Code: _____
Home Phone: _____ Work Phone: _____ Mobile Phone: _____

Name of Next of Kin: _____ Relationship: _____
Home Phone: _____ Work Phone: _____ Mobile Phone: _____

Agency Details:

Name of Sponsoring Agency: _____ Contact Person: _____
Agency Postal Address: _____
Suburb: _____ Post Code: _____
Agency Phone: _____ After Hours Phone: _____
Email: _____

Completed other E.R. Camp? YES/NO (circle) If so, when _____

****If an after hours phone number is not available from the sponsoring agency please call Mark at the ERC office before lodging this form to discuss other arrangements, otherwise your application will not be accepted. ****

Edmund Rice Kids Camps are designed to provide an opportunity for children to spend quality time with other children, in a relaxed atmosphere, with the support of one young adult volunteer per child. If you have any questions please contact the ERC office on 9439 6142 or visit our website www.ercvic.com.

**EDMUND RICE CAMPS PARTICIPANT MEDICAL, PRIVACY
AND PERMISSION FORM**

This report is compiled to assist Edmund Rice Camps staff in the eventuality of any illness or accident with your child on camp. This information is held by your child's group leader on camp. Please be as specific as possible in your responses.

1. Child's Full Name: _____

Medicare No: _____ Expiry Date: _____

Private Health Cover:

Name of fund: _____ Membership No: _____

Health Care Card No: _____ Expiry Date: _____

Ambulance Subscription: YES / NO (Circle) Ambulance Member No: _____

Child's Doctor Name: _____ Doctor's Phone No: _____

2. Dietary requirements of child: (For example; vegetarian, food allergies) _____

Date of last Tetanus Shot? _____

3. Please tick the appropriate box if your child suffers from the following:

- | | | | |
|--|---------------------------------------|--|--|
| <input type="checkbox"/> Bed Wetting | <input type="checkbox"/> Seizures | <input type="checkbox"/> Dizzy Spells | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Travel Sickness | <input type="checkbox"/> Sleepwalking | <input type="checkbox"/> Hearing Loss | <input type="checkbox"/> Hay Fever |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Fears/Phobias |
| <input type="checkbox"/> Sight Loss | <input type="checkbox"/> Black Outs | <input type="checkbox"/> Soiling | <input type="checkbox"/> Other |

If Yes, please give details: _____

4. Please tick the appropriate box if your child has allergies to any of the following:

- | | | | | |
|-------------------------------------|---|---|--------------------------------|--------------------------------|
| <input type="checkbox"/> Penicillin | <input type="checkbox"/> Specific Foods | <input type="checkbox"/> Food Additives | <input type="checkbox"/> Drugs | <input type="checkbox"/> Other |
|-------------------------------------|---|---|--------------------------------|--------------------------------|

If Yes, please give details: _____

5. Does your child have any chronic illness, medical condition or physical restriction? YES /NO (circle) If Yes, please give details: _____

6. Please tick the appropriate box if your child has any of the following disabilities:

- | | | |
|--|--|-------------------------------------|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Aspergers Syndrome | <input type="checkbox"/> ADHD / ADD |
| <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Physical Disability | <input type="checkbox"/> ODD |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Acquired Brain Injury | <input type="checkbox"/> Other |

If Yes, please give details: _____

7. Please tick the appropriate box if your child needs help with any of the below:

- | | | |
|-------------------------------------|------------------------------------|----------------------------------|
| <input type="checkbox"/> Bedtime | <input type="checkbox"/> Toileting | <input type="checkbox"/> Hygiene |
| <input type="checkbox"/> Meal Times | <input type="checkbox"/> Showering | <input type="checkbox"/> Other |

If Yes, please give details: _____

8. Please tick which box best describes your child's ability to swim:

- | | |
|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Good |
| <input type="checkbox"/> Poor | <input type="checkbox"/> Non swimmer |

Further comments: _____

9. Is this your child's first trip away from home without you? Yes / No (Circle)

10. All prescribed medication is to be stored in a Blister Pack or Dosette Box that is clearly labeled. If your child is on medication please list below:

Medication Name	Dosage							
	Before B/Fast	B/Fast	Other times	Lunch	Other times	Dinner	Other times	Bedtime

Further Comments/SideEffects: _____

11. Are there any recent or ongoing situations at school or home which may have some impact on your child during camp? _____

12. Is there any helpful information that our leaders need to know, that can ensure your child has an enjoyable camp experience? _____

13. Are there any ongoing behavioural issues with child? If so please attach a detailed behaviour management plan. _____

DISCLAIMER

Subject to any law to the contrary, and to the maximum extent permitted by law, Edmund Rice Camps Inc. Victoria and its officers, employees and agents disclaim all liability for any loss or damage (whether foreseeable or not) suffered by any person participating on a camp offered by Edmund Rice Camps Inc. Victoria whether the loss or damage arises in connection with any negligence, default or lack of care on the part of Edmund Rice Camps Inc. Victoria or any of its representatives or any other cause.

PRIVACY

Does Edmund Rice Camps Inc. Victoria have your permission to reproduce any photographs, video footage and/or audio recordings taken on the camp of your child, in any of our publications and website, on the understanding that no names are to be used without your authorisation? (Please tick)

	YES	NO
Photographs	<input type="checkbox"/>	<input type="checkbox"/>
Video Footage	<input type="checkbox"/>	<input type="checkbox"/>
Audio Footage	<input type="checkbox"/>	<input type="checkbox"/>

PERMISSION TO ATTEND AND MEDICAL AUTHORITY

I being parent/guardian of do give permission for him/her to engage and participate in this Edmund Rice Camp and the activities offered. I further authorise that any duly authorised agents of Edmund Rice Camps Inc in the event of any accident or illness and where it is not possible or reasonable to obtain my consent at the time to engage any medical practitioner or hospital facilities or accommodation and in this event I agree to pay all such ambulance, doctor, nurse or hospital expenses.

I have read and I accept the above conditions and disclaimer relating to participation in Edmund Rice Camps Inc. Victoria programs and I give my permission for my son/daughter to take part in them.

Signed **Date**
(Parent/Guardian)

FORMS THAT HAVE NOT BEEN COMPLETED IN FULL WILL NOT BE PERMITTED TO ATTEND CAMP. Please complete all sections and sign the form **BEFORE** returning it to ERC.

Edmund Rice Camps

CONDITIONS OF PLACEMENT

Please read the following information relating to camps conducted by **Edmund Rice Camps Victoria Inc.** A signed copy, signifying acceptance of these conditions and a belief on the case worker's part that the child seeking placement is suited to ERC programs, must accompany each application for placement on an Edmund Rice Camp.

1. Edmund Rice Camps are staffed entirely by volunteers, principally aged 17 to 30. While volunteers with some professional qualifications hold executive leadership roles on each camp, the majority of leaders do not hold such qualifications.
2. All information which may affect the behaviour of the child on the camp, including their interaction with leaders and other participants within the age range of the camp, must be forwarded with the application.
3. Transport of the child to and from the designated pick up and drop off point, at the commencement and conclusion of the camp, is not the responsibility of Edmund Rice Camps.
4. The caseworker's contact phone number, both during business hours and after hours, is to be provided with the application.
5. Should a child need to be sent home from a camp, due to illness or inappropriate behaviour, it is the agency's responsibility to provide transport.
6. The child seeking placement fits the criteria of being either socially or economically disadvantaged.
7. Edmund Rice Camps Inc. reserves the right to accept or reject any application based on the best possible match between applicants and the skills of the leaders volunteering for a particular camp
8. It is the agency's responsibility to ensure that the child has appropriate clothing and equipment for the camp. ERC must be notified in advance if extra clothing and/or equipment is needed.

I have read and understood the above conditions under which Edmund Rice Camps conduct programs in Victoria. Based on this information I believe the child I am referring for placement on this camp is suited to the conditions under which the camp is to operate.

Name

Agency

Child seeking placement

Signature **Date**