**Hamilton Camp Application Form 2020**

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| --- | --- | --- | --- | --- |
|  | **Ages 8-12**  **Challenge Cancer Support Network Inc.**  **Reg: A0032306F**  **ABN 31030070820 (“Challenge”)** | **Applications must be received by no later than** **Thursday 12th March 2020** | | |
| **GIVEN NAME** | | |
| **FAMILY NAME** | | |
| **DATE OF BIRTH** | **AGE** | **SEX** |
|
| If there is any chance your child has come into contact with a contagious disease (such as Colds, Flu or Chicken Pox) before attending camp, it is in the interest of other Challenge members that you notify the office as soon as possible on 9329 8474. | | | | |

**Contact Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Address |  | | |
| City |  | Post Code |  |
| Parent 1 Name |  | Parent 1 Mobile Number |  |
| Parent 2 Name |  | Parent 2 Mobile Number |  |
| Emergency contact  Name |  | Emergency Contact  Mobile Number |  |
| Medicare Number |  | T-shirt Size | **Child** 8 10 12 14 16  **Women’s** 8 10 12 14 16  **Men’s**  XS S M L XL XXL |
| Private Health Provider |  | Private Health  Policy Number |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name and Age of Siblings | 1. | 2. | 3. | 4. |

**Camper Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Has your Child ever slept away from home? | ❒ YES ❒ NO | | | | |
| Has your Child attended a Camp Before? | ❒ YES ❒ NO | | | | |
| What is your Child’s swimming ability | Poor 0m | Fair <50m | Good  50-100m | Very Good 100-200m | Excellent 200m+ |
| Any special dietary requirements? |  | | | | |
| Has your Child had any recent contact with any contagious diseases, such as chicken pox, measles? | ❒ YES ❒ NO If Yes, please describe | | | | |
| Describe any unusual bedtime and sleep habits (sleep walking, nightmares, bedwetting) and effective methods for preventing? | | | | | |
| Do you or your Child have any specific concerns regarding Camp? | | | | | |
| Describe any physical disability and/or physical limitations your Child might have in camp activities? | | | | | |
| Does your child use any special equipment such as a wheelchair, prosthesis, crutches, walker or shower chair? | | | | | |

**Medical Information-Sibling and Patient**

*A Nurse will be on full-time duty on camp. All information is confidential and solely for the guidance of the Nurse on Camp. If a sibling or friend is attending camp, please detail if any medical information is needed.*

|  |  |  |  |
| --- | --- | --- | --- |
| Is the applicant the | ❒ Patient or ❒ Sibling | Vision Impairments | ❒ YES ❒ NO |
| Hearing Impairments | ❒ YES ❒ NO | Convulsions/Seizures | ❒ YES ❒ NO |
| Any other conditions we should be aware of? | | | |
| Does your child have any other special needs or conditions that the Camp Nurse or Camp Coordinator should know about?  (ie: Medical/behavioural/social) | | | |
| Allergies (including foods, medications) ❒ YES ❒ NO Please provide details | | | |
| **Patient Specific Information** *NOTE – If your child is currently on treatment or has been on treatment in the last 6 weeks we will need a doctor approval form to be signed by your oncologist, we will send this form out to you if your child’s application has been successful for final confirmation.* | | | |
| Diagnosis |  | | |
| Oncologist’s Name |  | Date of Diagnosis |  |
| Is your Child still on treatment? | ❒ YES ❒ NO | Date of last course of Chemotherapy |  |
| Describe any recent operation or serious illness(s) | | | |
| Does your child have a central venous device (for example, Broviac/Hickman or Port?) ❒ YES ❒ NO If yes, please describe | | | |
| Neurological Deficit/Muscular problems? | | | |
| Cardiac abnormalities (ie: abnormal echocardiogram) | | | |

**Medication Plan**

If your Child requires medication, **please send all medication required for the duration of camp with your child.**

Please be sure that all medicines are **clearly labelled in a zip lock plastic bag**. The Camp Nurse will receive, store and administer the drugs as directed. **Medication instructions should include the following details:**

**CHILD’S NAME**

|  |  |  |  |
| --- | --- | --- | --- |
| **Drug Name** e.g. Resprim | **Dose** e.g. 1 tablet or 100ml | **Time/s of Day Required** e.g. 3 times a day with food or 1 hr after eating dinner, etc | **Day/s Required** e.g. Mon & Wed or everyday |
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**Consent Form**

|  |  |
| --- | --- |
| If required, do you give consent for your child to be administered Paracetamol and/or any other non-prescription medication? (i.e. Panadol, Zyrtec) | ❒ YES ❒ NO |
| Would you like the Camp Nurse to call you before administering any non-prescription medication? | ❒ YES ❒ NO |
| If we are unable to contact you or it is impractical to contact you, do you authorise the Camp Nurse/Coordinator to consent to your child receiving any medical or surgical attention deemed necessary by a medical practitioner? | ❒ YES ❒ NO |
| Do you give Challenge permission to use images of your child on the Challenge website, Social media or other publications? | ❒ YES ❒ NO |

**CONDITIONS OF ENROLMENT/PARENTAL LIABILITY RELEASE**

**The following consent agreement must be signed by a parent or legal guardian.**

**Your signature below indicates approval of the following:**

I permit my child to attend Challenge’s Camp and participate in the activities provided as part of the camp. I acknowledge, agree and warrant that:

1. The information provided by me in this application is true and correct;
2. Some of the activities involved may include for example a motorbike ride, cycling  
   events, light aeroplane rides, toy train rides, swimming and hot rod rides. I understand the potential risks involved to my child or myself in the nature of said activities;
3. Challenge accepts no responsibility for the loss, damage or theft of property belonging to my child or myself;
4. Challenge has permission to use my child’s image or likeness or voice in print or on tape or film in Challenge Newsletters, social media or other publications;
5. I, for myself and my child, waive release, discharge and covenant not to sue Challenge, its officers, employees, volunteers or agents from any or all liability from any claims or demands resulting from personal injury, accident or illness (including death of myself or my child resulting from injury sustained at Camp).

**PARENT/GUARDIAN MUST COMPLETE AND SIGN THIS FORM FOR A CHILD TO ATTEND CAMP**

Child's Name:\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name Relationship to Child:\_\_ \_\_\_\_\_\_\_\_\_\_

Signature (written) \_ \_\_\_\_\_ Date \_\_

**Return To:**

Challenge

529-535 King Street

WEST MELBOURNE VIC 3003

Ph: 9329 8474 Fax: 9329 8427 E-mail: [mail@challenge.org.au](mailto:mail@challenge.org.au)