MARSDEN HIGH SCHOOL

Admin Only

Deposit and Payment Code: 044-338

Permission Notes to Ms. P Howes

Payment Concerns to Mr. A King

Winbourne Street

West Ryde, NSW 2114

Telephone: 9874-6544

**Permission and Information Sheet**

**Year 11 Crossroads Camp – Jamberoo Valley Lodge**

**Wednesday 30th May – Friday 1st June 2012**

**Student’s Full Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth : \_\_/\_\_/19\_\_**

**Home Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode : \_\_\_\_\_\_**

**Parent/Guardian Full Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone No. Home : \_\_\_\_\_\_\_\_\_\_\_\_\_ Work : \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact Person : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact Telephone No. \_\_\_\_\_\_\_\_\_\_\_\_\_**

In the event that your child should need medical attention, please complete the followingdetails **:-**

**Medicare Card Number : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ - \_\_** (place on card)

**Medical History**

Does your child suffer fromAsthma YES / NO

 Any allergic condition YES / NO

 Skin conditions YES / NO

 Diabetes YES / NO

 Epilepsy, fits or blackouts YES / NO

 Adverse reaction to any drugs YES / NO

Any other illness / disability YES / NO

If the answer was YES to any of the above, please give details (use the attached sheet for Asthma and allergic conditions):-

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Details of any **medication** currently needed by your child:-

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Special Dietary needs :** Vegetarian [ ] Vegan [ ] No pork [ ] No dairy products [ ]

**Activities :**

Do you give permission for your child to participate in the following activities whilst on camp?

**Interactive challenge initiatives YES / NO Challenge games YES / NO**

**Drugs/HIV presentation YES / NO Eagles Nest YES / NO**

**High wire challenge YES / NO Road Safety Pres. YES / NO**

**Giant Swing YES / NO**

**Sock Wrestling YES / NO**

If the answer was NO to any of the above, please give details :-

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Rules :**

My child understands the rules associated with this camp - Camp Rules, School Rules - and understands the need for these.  **YES / NO**

The consequences of my child breaking any of these rules is that he/she will be given a suitable punishment on camp (isolation, detention, cleaning up, etc.). In **severe cases** he/she will be **sent home** at the student’s own cost, with no refund of any part of the camp fees. If your child is sent home, both you and the school will be contacted, and your child will be immediately **under suspension from school**. This means that you will need to contact the school to make an appointment for both you and your child with one of the Deputy Principals, Ms.Vasilevska or Ms Paczkowski.

I understand the rules, and the consequences of my child breaking the rules. **YES / NO**

In the event of accident or illness, I authorise the obtaining of, on my behalf, such medical assistance as my child may require including transport via ambulance if necessary.  **YES / NO**

I also undertake to pay any medical fees and/or the cost of any prescription drugs which may be incurred whilst my child is attending the Crossroads Camp. **YES / NO**

***There will be no swimming activities undertaken on this camp.***

**I give permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**to attend the Crossroads Camp at Jamberoo from Wednesday 30th May – Friday 1st June 2012 under the conditions stipulated above. I also understand transport to and from the venue will be by chartered bus.**

**signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_/\_\_/\_\_\_\_**

 **(parent / guardian)**