



ROTARY DISTRICT 9800 RYPEN CAMP STUDENT NOMINATION FORM



STUDENT INFORMATION

October 2012

FIRST NAME: _____ SURNAME: _____

PREFERRED NAME: _____ D.O.B: ___/___/___ AGE: ___ GENDER: _____

ADDRESS: _____

SUBURB: _____ POSTCODE: _____

HOME PHONE: _____ MOBILE PHONE: _____

STUDENT'S EMAIL ADDRESS: _____

**please take care to ensure your e-mail address is clear as this is how we will contact you with further information about the camp.*

SCHOOL: _____ YEAR LEVEL: _____

STUDENT'S SIGNATURE: _____

STUDENT PHOTO CONSENT: "I hereby agree to permit Rotary District 9800 Incorporated to publish whether in printed form or on the internet or any other means or purpose any photographic image that may be taken of me at any event run or sponsored by Rotary District 9800 Incorporated."

NAME: _____ SIGNATURE: _____

STUDENT

DATE: _____

SCHOOL INFORMATION

TEACHER/COORDINATOR'S NAME: _____ PHONE: _____

EMAIL: _____ SIGNATURE: _____

SPONSOR CLUB INFORMATION

SPONSORING ROTARY/ROTARACT CLUB: _____

CLUB CONTACT – FIRST NAME: _____ SURNAME: _____

ADDRESS: _____

SUBURB: _____ POSTCODE: _____ WORK PHONE: _____

HOME PHONE: _____ MOBILE PHONE: _____

CLUB CONTACT'S EMAIL ADDRESS: _____

WILL THE CLUB CONTACT BE TRANSPORTING THE STUDENT TO THE CAMP? YES NO

IF NO, WILL THE TRANSPORT BE PROVIDED BY MEMBERS OF YOUR CLUB? YES NO

IF NO, HOW DO YOU ANTICIPATE TRANSPORTING THE STUDENT:

NOT YET KNOWN ANOTHER CLUB _____ OTHER _____

PARENT/GUARDIAN INFORMATION AND MEDICAL CONSENT FORM

(PARENT/GUARDIAN TO COMPLETE)

OCTOBER 2012

STUDENT'S NAME: _____

PARENT'S/GUARDIAN'S NAME: _____

RELATIONSHIP TO CHILD (i.e. MOTHER): _____

ADDRESS: _____

SUBURB: _____ POSTCODE: _____ MEDICARE NO: _____

EMAIL ADDRESS: _____

PHONE:(Home) _____ (Work) _____ (Mobile) _____

PARENT PHOTO CONSENT: "I hereby agree to permit Rotary District 9800 Incorporated to publish whether in printed form or on the internet or any other means or purpose any photographic image that may be taken of my child at any event run or sponsored by Rotary District 9800 Incorporated."

NAME: _____ **SIGNATURE:** _____
PARENT / GUARDIAN **DATE:** _____

MEDICAL DETAILS

1. Is your child taking any form of medication? YES/NO If yes, please state name of medication, dosage etc.

NB: Medication may be kept by students if assistance is not required for administration, otherwise medication may be handed to the camp leader upon arrival with a note signed by the parent/ guardian indicating • type of medication • dosage and frequency • reasons for its administration

2. Please tick if your child suffers from any of the following:

EPILEPSY HEART CONDITION ASTHMA SLEEP WALKING

ALLERGIES – IF YES PLEASE SPECIFY _____

OTHER CONDITION: _____

3. Has your child suffered recently from illness/undergone an operation? YES/NO

If yes, please describe: _____

4. My child was last immunised for tetanus on ___ / ___ / ___ (date)

5. Is this the first time your child has been away from home overnight? YES/NO

6. Any special dietary requirements? _____

7. Is there any other information you wish to share with us about your child?

MEDICAL CONSENT:
MUST BE SIGNED IF YOUR CHILD IS TO ATTEND THE RYPEN CAMP.

In the event of accident of illness, I authorise the Leader in charge to consent – where it is impracticable to communicate with me – to my child receiving such medical or surgical treatment as may be deemed necessary.

NAME: _____ **SIGNATURE:** _____
PARENT / GUARDIAN **DATE:** _____

THANK YOU FOR YOUR COOPERATION IN COMPLETING THIS FORM