

ROTARY YOUTH PROGRAM OF ENRICHMENT

APPLICATION FORM



The Rotary Club of has nominated me to attend the Rotary District 9780 RYPEN camp at from Friday, March 27th to Sunday, March 29th, 20120

Would you please confirm your details and provide us with an undertaking that you will behave responsibly?

First Name:

Last Name:

Street Address:

Town: State: Post Code

Your email address:

Statement by D9780 RYPEN participant:

I, undertake to attend the RYPEN Program at from 27-29 March 2020 and agree to

- Attend breakfast and be on time
- Attend all sessions
- Treat others with respect
- Follow all reasonable direction from the program director
- Abstain from cigarettes and alcohol for the duration of this event
- Abstain from entering out of bounds areas (rooms of the opposite sex, leaders rooms, off limit areas)
- Not put myself or any other person at risk
- Leave mobile phones at home. Reception is not good anyway!
- Not leave session or camp without knowledge and consent of program director
- Act responsibly and abide by program and camp rules

Signed (attendee),,,,,,

Signed (Parent/guardian): Date:

Thea Allan
RYPEN Chair
Maryborough Rotary
PO Box 50 Maryborough Vic 3465.

Mob: 0428 590 405. Email: thea@wastenot.com.au

CONFIDENTIAL MEDICAL FORM FOR 2019 RYPEN CAMP



Please print clearly

Applicant's Name: AGE: DOB:

Address:

..... Post Code:

I,

Address of Parent/Guardian:

..... Post Code:

Home Phone:

Mobile Mum:

Mobile Dad:

Parent email. Student email:

Medicare Number: Ambulance cover Yes No

Private Health Insurance: Fund:, Number:

Is the applicant on any medication? Yes No

Is there a medical management plan in place? Yes No

Does the program manager have a copy of this plan? Yes No

Does the applicant require any modification to this plan? Yes No

.....
.....
.....
.....

If no, are you aware of any medical emergencies that could arise? Yes No

Please provide details of any emergency and how to recognise it

.....
.....
.....
.....

Emergency treatment: Please provide attachments if needed

Tetanus Immunization: Year of last immunization:

(Tetanus immunization is usually given at five years of age as Triple Antigen or CDT and at 15 years of age as ADT.)

All medication containers must be clearly labeled the child's name. The dose to be taken, when I should be taken, specific storage conditions and given to the Camp Coordinator/.

If it is necessary for the applicant to carry his or her own medication, (for example asthma puffers or insulin for diabetes) it must be with the knowledge and approval of the Camp Coordinator. **Please circle if the applicant suffers any allergies to**

Penicillin Yes No Other drugs Yes No

Foods Yes No Other Yes No

Details:.....
.....
.....

Please circle if the applicant suffers any of the following

Asthma Yes No Anxiety Disorder Yes No Bed wetting Yes No

Blackouts Yes No Diabetes Yes No Dizzy spells Yes No

Fits of any type Yes No Heart condition Yes No Migraine Yes No

Sleep walking Yes No Travel sickness Yes No

Other: Give details
.....

MEDICAL CONC-SENT BY PAREWNT. GUARDIAN OR CAREGIVER

Where the RYPEN D9780 Program coordinator is unable to contact me, I authorise:

- The Rotarian in charge as my nominee to give consent to the appropriate medical or dental authorities for my child, where such authorization is required for general anaesthetic, blood transfusion etc. I give this consent on the understanding that the Rotarian in charge will, if at all possible, contact me by telephone prior to consenting to the administration of medical or dental treatment, by the medical practitioner, dentist or hospital concerned. However, if the medical or dental practitioner consider the medical or dental treatment should be administered immediately, and the Rotarian in charge is unable to contact me. I authorise
- The Rotarian in charge to consent to the administration of medical or dental treatment
- The supervising staff to administer such first aid as the Rotarian in charge may judge to be reasonably necessary.

I understand that in the event of illness or accident involving my child, I will be responsible for all associated costs and charges, including ambulance transportation.

MEDIA CONSENT BY PARENT, GUARDIAN OR CAREGIVER

I also give my permission for any pictures taken of my child to be used in a responsible manner for the promotion of advertising RYPEN D9780.

Club Bulletin Yes No RYPEN D9780 Facebook page Yes No

Rotary website Yes No Advertising RYPEN D9780 Yes No

Information Posters Yes No RYPEN articles in local papers Yes No

Name of adult:

Signature of adult: Date:

\$50 to be paid by each family to their local Rotary club for participation.