



Years 13 & 11 February 15-19 2021 / Camp Consent and Medical Form

Student's Name:	Year Level:
Parent / caregiver's Name: Phone (mobile): Phone (work):	
Emergency Contact Name: Phone (mobile): Phone (work):	
Permission I do / do not give permission for the above student to attend and participate in the school camp taking place at KAWHIA from Mon 15 to Wed 17 February 2021 (Year 13) OR I do / do not give permission for the above student to attend and participate in the school camp taking place at KAWHIA from Mon 17 to Wed 19 February 2021 (Year 11)	
Camp Fees I do / do not enclose the \$150 camp fee before Monday 15 February 2021. I wish to set up three payments of \$50 to be paid during Term 1 - and understand that I will be contacted by an office staff member to confirm payment details. I understand that fees will be used to assist with transport, food and accommodation costs and that these costs are being subsidised by POET (the Perry Outdoor Education Trust).	
Personal Property / Digital Device I understand that it is my son / daughter's responsibility to care for his / her personal property and that the school will not accept any responsibility for the loss or damage of personal property. I understand that digital devices of any kind are not to be brought to this camp. This includes cell phones, electronic games etc.	
Behaviour Management I understand that should my son / daughter be involved in a serious disciplinary matter , that I will	



have to take responsibility for the collection of my son / daughter from the camp.

Health Concerns

Please note below any health concerns that may affect your son/daughter during camp. This includes bedwetting, allergies, special dietary needs and / or any other relevant health conditions.

Health Concerns Treatment (what actions should be taken)

Personal Medication

I understand that my son / daughter will be administering and caring for his / her own personal medical needs unless specifically listed below. I authorise staff to obtain on my behalf any **medical assistance** if such treatment is necessary. I understand that I will be kept informed as soon as possible in the event of this occurring.

Other Information (please list any further information that may be useful for staff to know)

Parent / Caregiver Signature