

5) Does your child suffer from ankle, knee or joint problems?

Yes No

If "Yes" Please Specify _____

6) Does your child wear contact lenses or corrective vision glasses?

Yes No

7) Does your child suffer from any of the following conditions (please circle)?

Epilepsy or Diabetes	Yes	No
Blackouts/Sleep Walking	Yes	No
Migraine/Headaches/Dizzy Spells	Yes	No
Sight/Hearing Disorders	Yes	No
Heart Conditions/Bleeding Disorders	Yes	No
Travel Sickness/Bed wetting/Fits of any Kind	Yes	No
Allergies to Food, Stings or Drugs	Yes	No
Claustrophobia	Yes	No
Allergic to Penicillin or Paracetamol	Yes	No
Allergic to Band-aids or Sticking Plaster	Yes	No
Attention Deficit/Hyperactive Disorder	Yes	No
Autism or Asperger's Syndrome	Yes	No

If "Yes" please complete the Medical Condition Management Form on Page 3

8) Does your child suffer from any condition, disability or ailment which InterConnection Staff should be aware?

Yes No

If "Yes" Please Specify _____

9) Does your child have a particular sensitivity to certain issues or events?

Yes No

If "Yes" Please Specify _____

10) Does your child have any special dietary requirements?

Yes No

If "Yes" Please Specify _____

11) My Child's last tetanus booster injection was in _____ (Year)

*(****Should be in last 10 years****)*

11) My child can swim unassisted: (Please tick one Bracket)

Less than 50 meters	[]
Between 50 & 200 meters	[]
More than 200 meters	[]

Medical Condition Management Form

To be completed by a Parent/Guardian in conjunction with Family Doctor, where necessary.

Students Name: _____ **Doctor Consulted:** _____

1) Please provide all relevant information regarding the usual medical maintenance program used for your child:

2) Please provide information regarding medication used and appropriate dosage to manage the condition and/or bring relief to the symptoms:

3) List any known factors/situations or issues which may make the condition worse:

4) Has your child been admitted to hospital due to any ongoing medical condition in the last 12 months?

Yes **No**

5) Has your child been prescribed oral cortisone in the last 12 months, such as Prednisone, Prednisolone or Betamethasone, in order to manage their asthma?

Yes **No**

6) Has your child ever suffered sudden and/or severe asthma attacks requiring hospitalisation? Please note the date of the most recent attack, where relevant.

Yes **No**

It is a Health & Safety Policy of InterConnection Australia that if any of the answers to Questions 4,5 or 6 are "Yes", then the decision for your child to attend InterConnection should rest with your Family Doctor, and a note from them must accompany this form.



Application & Consent Form:

Student Application & Declaration (Compulsory):

I _____, apply for this InterConnection Australia Program and declare that I will abide by the rules of InterConnection as outlined by the Leaders prior to departure and during the Camp. **I understand this includes NO SMOKING.** I understand that the level of behaviour expected of me is to ensure that I, as well as all Camp participants, have the best camp experience possible. I promise that my behaviour, at no time, will endanger either myself or others. I promise to be as enthusiastic and friendly as possible and promise to participate to the fullest of my ability.

Students Signature: _____ **Date:** _____

Parent Consent & Declaration (Compulsory):

I _____, approve of this application and in doing so understand and agree that, whilst all reasonable care will be taken by InterConnection Australia, its Directors, Officers and Staff, no responsibility in case of accident or illness will be accepted by such persons. Furthermore I understand that InterConnection Australia at no time will accept responsibility for the loss or damage of any equipment or personal items that my child takes on the Camp.

I authorise the Directors of InterConnection Australia, in the event of an accident or illness, to obtain all necessary medical assistance that they deem appropriate and indemnify them for all expenses incurred. I further authorise the Directors of InterConnection Australia to give formal permission for the admission of the applicant to hospital, the administration of an anaesthetic by a qualified medical practitioner and any other medical assistance that is deemed necessary by a medical professional.

I authorise the release of photos of my child, and any positive comments my child may make as covered by InterConnection Australia's privacy policy, for use on their web page and for promotional and marketing purposes only.

I have read and understood all the material relating to the Camp. I understand that the Camp is occurring between the stated dates, and hereby give my child permission to attend. I further declare that all medical and personal details provided are correct, complete and accurate.

I AUTHORISE THE EXECUTIVE DIRECTOR TO PROVIDE PARACETAMOL TO MY CHILD ACCORDING TO THE RECOMMENDED DOSE BASED ON THEIR AGE. (Please cross out if permission is not granted).

Signed: _____ **Date:** _____

OFFICE USE ONLY:	
DATE RECEIVED: ____/____/____	RECEIPT NUMBER: _____
PAYMENT:	
PAYMENT METHOD: CASH/CHQ/MO	DATABASE KEYED: YES