



Nipper Camp Registration Form

The purpose of this form is to help us adequately prepare for you child's attendance at a Dicky Beach Nipper Camp. This information is confidential.

Please note: - In the event of an incident, approved Dicky Beach SLSC camp organisers may distribute any relevant information to qualified medical staff.

Name of Camp: (eg. Camp Commando)	
Attendee's Name	
Date of Birth:	
Gender:	

Parent / Guardian Emergency Contacts:	
1) Name:	
Relationship:	
Address:	
Contact Numbers:	
2) Name:	
Relationship:	
Address:	
Contact Numbers:	

Medical Information	
Medicare No:	
Valid to:	
Doctors name:	
Telephone:	
I give permission for appropriately qualified camp leaders to administer the following to my child in the event of an incident:	
Paracetamol	YES / NO
Ibuprofen	YES / NO



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Medical History		
<i>NOTE- If further space is required – please record at end of form.</i>		
Does your child suffer from Asthma? If yes – is there any treatment plan in place?		
Does your child suffer from any Allergies?		
Does your child have any of the following conditions?	Circle any relevant condition and add a comment if required at the end of the form.	
Diabetes	Bleeding disorder	Sight / Hearing
Seizure Disorder	Heart Condition	Psychological
Joint Muscular	Migraine / Headaches	Depression / Anxiety
Has your child suffered any serious injuries in the last 12 months?	NO / YES	
Details:		
Is your child currently on any prescription medication?	NO / YES	
Details:		
Does your child have any special dietary requirements?	NO / YES	
Details:		

I hereby give permission for my child to use such known forms of transport for travelling as may be deemed necessary for the respective camp.

I agree that, during the period of the respective camp in which my child participates and during such travelling and other activities as may be deemed necessary, my child shall be under the sole direction of the person(s) duly appointed in charged of the camp group which she / he is included.

Junior members aged five (5) to thirteen (13) are covered by the Associations Personal Accident and Public Liability Insurance Policy. Members aged fourteen (14) to eighteen (18) years are covered through Workcover Queensland.

I hereby authorise, the obtaining of any medical assistance where it is impractical to communicate with me, that my child may require in the event of an accident of illness and the administer of medical treatment including anaesthetic, as deemed necessary by the Medical officer attending. I agree to reimburse the cost of any such medical assistance and any associated cost to Dicky Beach Surf Lifesaving Club.

Parents / Guardian's Name	
Signature	
Date	

Please consider saving this document for re-use in future camp registrations.