**Parkside Baptist Church Inc (“PBC & we/our”)**

**YOUTH CAMP 2023 CONSENT FORM**

**& GENERAL, EMERGENCY & HEALTH INFORMATION**

***Questions labelled with \* are required to be answered***

**Camper Details**

\*Name…………………………………............................................................................................................ **(“Child”)**

\*Date of Birth…............................... \*Gender.................................... \*Year Level.....................................

Any close friends also attending camp to match small groups?...................................................................................

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\*Name(s) of parent/caregiver.......................................................................................................……… **(”you/your”)**

\*Home Address.............................................................................................................................................................

\*Emergency Telephone \*(1) .......................................... \*(2)................................................

\*Email(s) of parent/caregiver................................................................................................

Additional emergency contact person (if above mentioned persons cannot be contacted)

Name........................................................................................................................................

Relationship to Camper.......................................... Telephone.................................................

**Dietary Information**

\*Are there any dietary requirements which we should be aware of regarding the health and well-being of your Child?

e.g. halal, vegetarian, gluten free Yes/No

If Yes, please give details (use a separate sheet, if needed)

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\* Does your Child have any food (including food additives) allergies? Yes/No

 If Yes, please give specific details of the food (and/or additive) together with the type and severity of reaction, (use a separate sheet, if needed)

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**If the food allergy may result in a medical emergency you must compete the relevant section of this form for Medical Information on page 2 of this form.**

***Any dietary requirement and/or food allergies must be advised in writing AT LEAST TWO WEEKS PRIOR to the Camp commencement date to enable the appropriate catering arrangements to be made. Failure to provide adequate notice may result in your Child being required to bring their own food or an inability to attend the Camp.***

**Medical Information**

\*Are there any other conditions which we should be aware of regarding the health and wellbeing for your Child?

\*Allergies to any drug/medicine Yes/No

\*Asthma, diabetes, epilepsy Yes/No

\*Other condition (including mental health conditions) Yes/No

If Yes, please give details (use a separate sheet, if needed)

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If you answered Yes to allergies (medical, chemical or food) please complete the following questions:

Please list what your Child is allergic to ……………………………………………………………………………………………………………………..

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Has your Child ever had an anaphylactic allergic reaction Yes/No

If yes, when was your Child’s last previous allergic or anaphylactic reaction? …………………………………………………………………………………………………………………………………………………………………………………….

Please describe the allergic symptoms at that time ……………………………………………………………………………………………………..

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Does your Child have, or does the severity of the potential reaction require them to have, an EpiPen? \*Yes/No

If yes, please ensure your child has their EpiPen with them at the Camp. The policy is ‘**No EpiPen - No Camp**’.

\*Will your Child be taking any medications whilst on the Camp? Yes/No

If Yes, please give details (use a separate sheet, if needed)

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................................................................................................................................................................(“Medications”)

*Please clearly mark your Child’s name on all Medication along with dosage, administration procedures, date and time of last dose and date and time of next dose.*

\*Regular Doctor’s name…………………………………………………….…………… phone number……………………………………………..

\*Date of Last Tetanus Immunisation ……………………………………

**Mandatory Medical Consents (all are applicable)**

I consent to my Child or a member of the PBC Youth Team managing and administering the above Medication while on camp.

I consent to a member of the PBC Youth Team administering first aid to my Child while on camp including the administration of over-the-counter medication eg Paracetamol/ antihistamines should these be required.

In the event of an emergency in relation to my Child and I am unable to be contacted, I consent to the PBC Youth Team using their discretion to initiate medical intervention (including ambulance services) and I acknowledge and agree that I will bear responsibility for any expenses incurred.

**Camp Fees (\*please strike through whichever is not applicable)**

Camp Fees are $100 per Camper.

Camp Fees are due no later than 10th, September 2023

I \**have paid the Camp Fees/\*will pay the Camp Fees by the due date* via EFT to BSB: 704 922 ACCT: 100 019 264 and have included my Childs’ name(s) and ‘PBC Youth Camp’ in the description.

I \**have paid the Camp Fees/\*will pay the Camp Fees by the due date* in cash/tap to a PBC Youth Team member who \**has/\*will* noted the names of the Child(ren) paid for.

***Do not let cost or time be a barrier to sending your Child, we have the capacity to sponsor a few children in need.***

**Transport**

Drop off Location is at Aldinga Beach Holiday Park between 7-8pm Friday 15th September.

Campsite Location is Aldinga beach Holiday Park | Cox Rd, Aldinga Beach SA 5173

Pickup Location is PBC 100 Young Street, Parkside SA 5063 Sunday Afternoon on 17th September.

**Mandatory Travel Consent (applicable if not using your own transport)**

I consent to my Child travelling in a privately owned motor vehicle to and from the Camp by a driver who possesses the minimum license Yes/No .

**Mandatory Consent for Images**We are unable to monitor or control the private use by Campers of mobiles and other devices capable of capturing and sharing images whilst on Camp. We may also take images or record video footage of your Child whilst on Camp and share those images on various social media platforms and in reports back to PBC on what occurred during Camp and/or to promote the next PBC Youth Camp. If you allow your Child to attend the Camp, you are also acknowledging and agreeing that images will be taken of them.

I consent to images being taken of my Child & video footage of my Child being used for reporting and promotion purposes within PBC. Yes/No

**General Health & Wellbeing of all campers**

We value extremely highly the health and well-being of all campers and leaders. In rare cases the actions or circumstances of a camper can put at risk the health and well-being of either themselves, other campers or leaders. In these cases, we will use our discretion to protect the health and well-being of all campers and leaders and may make arrangements for the offending camper to be sent home.

We cannot monitor or restrict access from mobiles or other personal devices used by the Campers to internet sites that may contain unsafe content. Whilst we will take reasonable steps to prevent this occurring we cannot provide any guarantees that your Child is free from all or any risk of exposure to unsafe content (either accidentally or intentionally) during the Camp. If you Child is found to be accessing unsafe sites during the Camp they will be required to be removed from the Camp.

**Mandatory Agreement in relation to Health & Wellbeing**

I acknowledge that whilst on Camp there is a risk that my Child may be exposed to unsafe content (either accidentally or intentionally) and I agree to hold harmless (to the extent permitted by law) the PBC Youth Team Members if that occurs.

I agree that if requested, I will arrange for my Child to be collected from the Camp Site Location at my cost and within the time frame requested or as soon as practicable.

I agree that if my Child is found to be at fault in relation to the event requiring their removal from the Campsite Location, I will not pursue a refund of camp fees paid. Yes/No

**Other issues regarding your Child that we should be aware of**

Please provide details (use a separate sheet if needed): ……………………………………………..……………………………………….

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**Parent/Caregiver Consent**

I, ......................................................................... hereby give my consent for my Child to take part in the PBC Youth Camp to be held at the Campsite Location on the dates provided.

I confirm that the information I have provided in this consent form in relation to my Child are true and complete.

I confirm that I have read and agree to the various mandatory consents set out in the preceding pages of this consent form and I acknowledge and agree to be bound by the mandatory agreement in relation to Health & Wellbeing as set out above in this consent form.

I acknowledge that all PBC Youth Team members and any volunteer(s) that have been invited to attend at the Campsite Location have current working with children checks and have taken child protection & mandatory notification training and that appropriate measures will be taken to provide a safe and secure environment for my Child and all campers. I acknowledge and agree that if my Child does not comply with reasonable directions consistent with those measures, then my Child may be denied access to certain spaces or activities and/or I may be required to remove my Child from the Campsite Location at my cost and without any refund.

I acknowledge that risk of injuries is inherent in all physical activities. While I am aware that the PBC Youth Team members will take all due care and the PBC Youth Team members have my consent to take whatever action they think necessary for the safety, wellbeing and acceptable conduct of the campers, accidents do occur and if my Child(ren) sustains an injury I will not hold any of the PBC Youth Team members or PBC liable to the extent permitted by law.

If my Child requires medical attention due to illness or injury, I acknowledge that all reasonable attempts will be made to notify me. In the event that I am unable to be contacted I authorise and direct the PBC Youth Team members to take whatever action necessary consistent with the instructions and consents set out in this form.

I acknowledge and agree that any provision in this consent form which is invalid or unenforceable in any jurisdiction is to be read down for the purposes of that jurisdiction, if possible, so as to be valid and enforceable, and is otherwise capable of being severed to the extent of the invalidity or unenforceability, without affecting the validity or enforceability of that provision in any other jurisdiction.

Signed:…………………………………………………………… Date………………..

(parent/caregiver)

Please submit this consent form either in person to a staff member at PBC, or via email to jesse@parksidebaptist.org.au