



# CAMP INFORMATION FORM

What we need to know about you to ensure a great camp experience...

Childs Name: \_\_\_\_\_

Mobile phone for parents/guardians: \_\_\_\_\_

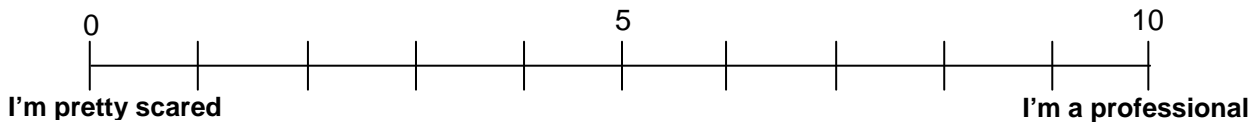
Additional Emergency contact name: \_\_\_\_\_

Additional Emergency phone: \_\_\_\_\_

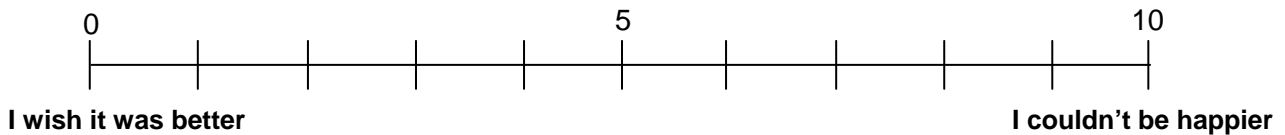
- Pick Up Locations:
- |                          |  |                          |   |                          |  |
|--------------------------|--|--------------------------|---|--------------------------|--|
| <input type="checkbox"/> | <b>Allambie Heights</b><br>189 Allambie Rd,<br>Allambie Heights<br>2100<br>Depart @ 9.00am | <input type="checkbox"/> | <b>Cremorne</b><br>McDonalds<br>Cnr Military Rd &<br>Winnie St, Cremorne<br>Depart @ 9.30am | <input type="checkbox"/> | <b>Beverly Hills Train</b><br>Train Station<br>Tooronga Terrace<br>Beverly Hills<br>Depart @ 10.15am |
|--------------------------|--|--------------------------|---|--------------------------|--|

## Pre-camp Evaluation

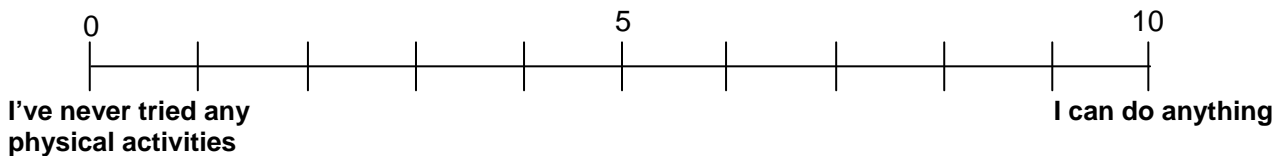
How would you rate your self confidence while away from home on camp?



How would you rate your level of happiness with the friends you have?



How would you rate your level of physical activity?



Please fill out your child's appropriate personal care needs for our care staff.

Sensitivity to the sun: \_\_\_\_\_

Likelihood of travel sickness: \_\_\_\_\_

Sound or light sleepers: \_\_\_\_\_

Best method of communication: \_\_\_\_\_

Any cultural issues you'd like us to know about: \_\_\_\_\_

Fears, phobias or quirks: \_\_\_\_\_

Allergies/intolerances: \_\_\_\_\_

Are you required to take any medication while you are away?

 YES NO

Please note: If you have checked YES, you will need to fill out a Medical Authority Form (MAF, see attached) for ALL medication that may be required (including Panadol and over-the-counter meds).

MAF attached: Yes / No

Please inform of any special mealtime instructions if your child is not on a standard diet and/or requires assistance.

Food & fluid consistency (i.e. texture/ thickness) \_\_\_\_\_

Assistance for mealtimes (e.g. cutting) \_\_\_\_\_

Modified utensils \_\_\_\_\_

Food/drink favourites: \_\_\_\_\_

Food/drink dislikes: \_\_\_\_\_

Please inform us of your child's transfer assistance level?

 1-2 Carers Assist Supervision Independent

Lifting/Hoist (e.g. wheelchair to bed) \_\_\_\_\_  
Weight \_\_\_\_\_ kg

Any special equipment used during transfer (e.g. hoist, sling, slide mat)  
\_\_\_\_\_

Positioning \_\_\_\_\_

Do you require any personal care assistance?

Showering \_\_\_\_\_

Toileting \_\_\_\_\_

Dressing \_\_\_\_\_

Is your child able to effectively communicate their needs to a carer?

 Yes No

Please attach any mealtime & transfer plans that may be helpful for your child and care staff.

Any other info you think might be helpful: \_\_\_\_\_

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Please complete this form and fax back to Peter Horsley on 9975 8420 or Post back to PO Box 184, Brookvale 2100 by Friday 25 November 2009.

**Thank you**