

National Variety Adventure Camp Goanna Park



Child Registration Form - 2010

Personal details

Name: DOB:

Address:

State: Phone:

In an emergency or if we need to call regarding your child who do we contact:

Name:

Phone work: after hours:

Alternative contact: Phone:

Medical details

Childs Disability (ie Down Syndrome etc):

Medication: (include Vitamins if taken regularly):

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Drug allergies:

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Instructions for **prescribed** drugs must be provided by your doctor. Please ensure your child immunisation schedule is up to date eg. Tetanus

Carers brief

If your child does not have a carer accompanying them to the Camp then Variety NT will designate a Carer on their arrival. All of our Carers have worked with children with disabilities. Each Carer will be responsible for two children.

Please advise, if relevant, any behavioural management techniques that will assist in your child achieving a positive experience at the camp. Some areas to consider are; following instructions, responding to negative behaviour, personal hygiene and toiletry skills.

Does anything make your child upset or afraid?

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Camp chores are part of the Camp program. These involve cleaning up the camp area and dining room, making their beds and tidying their tent.

How do we best gain cooperation in getting your child to do these chores, and are there natural and logical consequences to use in ensuring that these chores are carried out?

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What behavioural technique works for your child? i.e, request rather than command in a friendly tone, using humour etc:

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What are the care needs of your child?

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Behavioural Management Issues / Problems / Techniques

Does your child have any specific behavioural Issues?

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How do you deal with these issues?

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If more detailed explanation is required please complete Carer Brief Form 2

Dietary requirements (note menu)

Food

Vegetarian: Yes No

If yes any dislikes:

Allergies: Yes No

If yes, please specify:

Food to avoid:

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Drinks:

Considering only tropical fruit cordial, 100% juices and soft drinks, except coke, pepsi or red drinks will be given, are there any drinks your child must avoid:

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Adventure activities

For our information, please tick your answers to the following questions:

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|--|------------------------------|-----------------------------|---------------------------------|
| Able to walk over 1km | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| Able to swim 50 metres | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| Afraid of heights (abseiling) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| Can ride a horse | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| Has experienced canoeing before | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| Can run more than 50 metres (sport) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| Can do basic cooking (for cooking class) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |

Personal Medical Problems

- | | | |
|------------------------|------------------------------|-----------------------------|
| Asthmatic | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Heart Condition | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Epilepsy/Fitting | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Any Back problems | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Any Breathing problems | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Any other condition that requires monitoring, considering the camp activities?

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Goanna Park

Has your child attended a Goanna Park camp previously? Yes No

If yes, what year?

Thank you for your time in completing this document. This information will assist us in caring for your child