



CAMP DAVID 2012 APPLICATION FORM

Camp David is a camp for adults with developmental disabilities.

Camper is attending the following camp (campers may attend only one camp):

Yarramundi Camp David
30th April – 4th May 2012

For Yarramundi application enquiries call 4776 1397
Send Application Form to PO Box 4281, Winmalee NSW 2777

Mt Victoria Camp David
19th – 23rd March 2012

For Mt Victoria application enquiries call 4787 1540
Send Application Form to PO Box 2, Mt Victoria NSW 2786

In order for the camp leaders to provide the most supportive care of the camper while at camp, please fill in all sections of this form and provide as much detail as possible.

CAMPER DETAILS:

Name: _____ DOB: _____ Male Female

Has the camper attended to a Lutanda Holiday Camp or CYC camp before? Yes / No

How did you hear about Camp David? _____

Health Insurance Details: _____ Medicare #: _____

Doctor's Name: _____ Phone #: _____

PRE-CAMP CONTACT PERSON (These details will be used for correspondence prior to camp):

Contact Person: _____ Relationship: _____

Address: _____ Post Code: _____

Phone: _____ Mobile: _____

Email: _____

ORGANISATION MAKING PAYMENT (if different from above):

Organisation: _____ Attention: _____

Address: _____ Post Code: _____

Phone: _____ Alt Phone: _____ Fax: _____

Email: _____ Purchase Order No: _____

TRAVEL ARRANGEMENTS:

Camper will be dropped off by: _____

Camper will be picked up by: _____

EMERGENCY CONTACT DETAILS (must be available 24 hours a day):

Contact Person: _____ Relationship: _____

Phone: _____ Mobile: _____

MEDICAL DETAILS:

Describe the campers' disability (attach additional information if necessary):

Please tick if the camper has any of the following:

Diabetes

Bladder/Bowel Control Issues

Asthma

Allergies

Epilepsy or Seizures

Bed-wetting

Please provide detailed information on management of these:

Please tick if camper requires assistance with any of the following:

Dressing/Undressing

Toileting

Showering/Drying

Eating

Bedtime Routine

Other: _____

If they require assistance, please provide specific details:

Does the camper have any communication difficulties? Y / N

If so, please attach a list of specific words for common communication (eg. toilet, hungry, sick, tired):

Are there any behavioural difficulties that we should be aware of AND/OR has the camper shown a tendency to react violently? If so, what are the common triggers and how are these best managed?

Medications required during camp and instructions for administration:

MEDICATION	DOSAGE/INSTRUCTIONS (eg. take ½ before meal)

On arrival, all medication (labelled with name, instructions and dosage) is to be handed in to the First Aid Officer

Current Tetanus Injection (Date of last injection: _____)

I give permission for the First Aid Officer to give paracetamol should the need arise

DIETARY REQUIREMENTS:

None

Vegetarian

Diabetic

Gluten Free

Lactose Intolerant

Food Allergy: _____

Other: _____

PLEASE READ AND SIGN:

I wish for the camper to attend the camp for the period indicated, and accept the camp conditions, fees and standards as set out on this form and its attachments. I understand that whilst everything practical is done to care for the campers, both in comfort and safety by the Camp Organisers and Leaders, Lutanda Children's Services will not incur any responsibility whatsoever for any accident or sickness to the camper, or any damage to the campers' property which may happen through any circumstance. I understand that the parent/carer/organisation making payment for this camper is financially responsible for any damages incurred by this camper whilst at camp. Should our Camp Administration consider at any time that the camper requires hospital or medical treatment, I hereby consent to your obtaining this immediately and at my expense, including ambulance fees.

As an exciting part of the camp experience video footage and photos are taken of the camper experiencing a range of camp activities. A DVD may be made available so the camper can relive the memories at home. In registering the camper, you accept that video footage and photos of the camper may be used solely for promotional purposes.

PARENT/GUARDIAN SIGNATURE: _____

PLEASE PRINT NAME: _____ DATE: _____

Application Process: Once received, your application will be checked with the camp director for suitability. If accepted, you will receive an information pack in the mail, including details on what to bring, how to get there, payment etc. If for some reason the applicant is not accepted for camp, a phone call will be made to explain why.