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BPC Parent Consent Form:

Parent's / Guardian's Agreement (on behalf of a person under 18 years)

Childs Name: _____ Date of Birth: _____

Address: _____

Parent/Guardian: _____

Event: VCYC 2022 Date: May 13-15 Location: Belgrave Heights

I understand this trip will include, but may not be limited to accommodation, communal eating, working with children, active games and sport and that risks may arise during these activities.

I give permission for my child to travel in private cars or by bus as organised by the leader in charge both to and from camp and during camp.

I hereby authorise the leader/s in charge of the camp in which my child is involved to consent, where it is impracticable to communicate with me/to my child receiving such medical or surgical treatment as the leader in charge may deem necessary at any time during the trip. I further authorise the use of an ambulance and/or anaesthetic by a qualified medical practitioner if in his/her judgement it is necessary. I accept responsibility for payment of all expenses associated with such treatment.

I understand that every effort will be made by the leader firstly to contact me in the event of such illness or accident. I understand my child will be required to take a rapid antigen test if they are displaying covid19 symptoms during the camp. I understand that my child may become a close contact of a covid19 case and be required to isolate as a result.

I understand that every care will be taken by the leaders of the above-mentioned group and that the leaders and those connected with that group cannot be held responsible for personal injury, loss or theft of property affecting my child / myself.

I confirm that the particulars given on the accompanying medical report form are correct. I understand that behavioural issues with my child may result in the need to collect my child from the event early.

Signed: _____ Date: ____/____/____

VCYC 2022 MEDICAL FORM

Bundy Youth Group

CONFIDENTIAL MEDICAL REPORT

The information below is requested to assist in case of any illness or accident. The information will be held in confidence and this form will be destroyed after the camp. The questions below may be answered by camper if over 18 years. If under 18 the questions need to be answered by the parent / guardian for the child concerned. Every youth needs his / her own form!

Name:		Date of Birth:
Emergency Contacts (EC)		
Parent's Name <i>Legal parent / guardian is preferred.</i>	Relationship	Phone numbers
Alternative EC	Relationship	Phone numbers

Doctor:	Phone:
Medicare No.:	Expiry Date: ___ / ___
Medical/Hospital Fund:	Contribution No.:
Ambulance Cover: Yes / No	Member No.:
Health Care Card: Yes / No	Card No.:

Medication Details : please attach as appropriate

Significant medical history

Please tick if your child has any of the following conditions:

- | | | |
|---|--|--|
| <input type="checkbox"/> dizzy spells | <input type="checkbox"/> asthma | <input type="checkbox"/> migraines |
| <input type="checkbox"/> fits of any type | <input type="checkbox"/> heart condition | <input type="checkbox"/> blackouts |
| <input type="checkbox"/> sleep walking | <input type="checkbox"/> epilepsy | <input type="checkbox"/> Hay fever |
| <input type="checkbox"/> diabetes | <input type="checkbox"/> nose bleeds | <input type="checkbox"/> travel sickness |
| <input type="checkbox"/> special diet | <input type="checkbox"/> other (PLEASE LIST) _____ | |

Allergies (eg. penicillin/foods/insects etc)		
Allergies	Type of reaction	Treatment

^Please attach details relevant to physical or special care / special dietary needs.

I consent for my child to be given Panadol if needed.

If there is any further details you would like to discuss, please contact Andrew on 0400 378 324

Signed: _____

Print Name: _____

Date: _____