

POPLAR CORNER HOLIDAY CAMPS ENROLMENT FORM

*Encouraging respect for the great outdoors
and our animal friends.*

CAMPER DETAILS

CAMP DATES _____

FULL NAME (plus preferred name if different)

AGE _____

GENDER F _____

FAMILY & CONTACT DETAILS

ADULT 1		ADULT 2	
Full name:		Full name:	
Address:		Address:	
Postcode:		Postcode:	
Email address:		Email address:	
Day time ph. no:		Day time ph. no:	
Evening ph. no:		Evening ph. no:	
Mobile ph. no:		Mobile ph. No:	
Alternative emergency contact		Alternative emergency contact	

MEDICAL INFORMATION

Name of Camper's doctor: _____ Ph. No: _____

Medicare No: _____ Private Health Fund: _____ Fund no: _____

Date of last Tetanus injection _____

Please tick and provide details if the camper suffers any of the following:

Allergies - eg: bee sting or certain foods		Diabetes		Fainting, fits or blackouts	
Asthma		Epilepsy		Hay fever or Sinus	

Nose bleeds		Sight or hearing problems		Reaction to certain drugs	
Please describe any other condition or need we should know about					

If you have ticked any of the above boxes please provide details: _____

Is the camper presently taking any medication? _____

If YES, please state name of medication, dosage etc and clearly label the medication:

Do you consent to the camper receiving paracetamol eg: Panadol or Dymadon for temporary pain relief or high temperature? _____

Is there any other information, which you believe may help us to provide the best possible care?

PARENT/GUARDIAN DECLARATION

I understand that Poplar Corner manager and staff will take all responsible care while campers are in their charge, to protect them from injury and to adequately control and supervise their behaviours and activities.

I appreciate that there is some inherent risk in riding and spending time in the outdoors and that the manager and staff of Poplar Corner are not responsible for injuries or damage to property that may occur where the manager or staff have not been negligent.

Where it is impracticable to communicate with me, I consent to the camper receiving appropriate medical attention when required, including transport by ambulance.

I agree that the information provided on this form can be disclosed to relevant medical staff in the event of an emergency.

I undertake to pay costs that may be incurred for medical attention while the camper is under Poplar Corner supervision.

Signed: _____ Parent/Guardian

Date: _____