



An Agency of the Catholic Diocese of Townsville  
in partnership with the Trustees of the Christian Brothers, Queensland

**Participant's Application Form**

DATE:     /     /

FIRST NAME:

SURNAME:

[Text box for first name]

[Text box for surname]

FEMALE  
 MALE

DATE OF BIRTH:

[Text box for date of birth]

CURRENT AGE:

[Text box for current age]

NAME OF PARENT/GUARDIAN:

[Text box for name of parent/guardian]

ADDRESS:

[Text box for address]

[Text box for address continuation]

PHONE:

[Text box for phone]

MOBILE:

[Text box for mobile]

**DO YOU OBJECT TO YOUR CHILD'S PHOTO BEING PUBLISHED  
IN THE PUBLIC MEDIA?  
(PLEASE CIRCLE): YES / NO**

**NAME OF REFERRAL AGENCY (IF APPLICABLE):**

[Text box for referral agency name]

AGENCY PHONE:

[Text box for agency phone]

MOBILE:

[Text box for agency mobile]

AGENCY CONTACT REPRESENTATIVE:

[Text box for agency contact representative]

I.....being parent/guardian of .....

authorise..... (name of child) to engage in the activities prepared for the forthcoming Edmund Rice Camps activity. (Please note that the accompanying medical form must also be returned. All information supplied will be treated as confidential. A child's eligibility to participate in an activity or activities will not solely be determined from information on this permission form or the accompanying Medical Form).

.....  
Signature of Parent/Guardian

.....  
Signature of Referral Agency Representative

Date: .....

# PARTICIPANT'S CONFIDENTIAL MEDICAL FORM

NAME: .....

Date of Birth : ..... Blood Type:.....

1. Is your child on any medication? YES / NO

Please state the name and dosage.....

**Please note** : The ERC Coordinator must be aware of all medicines that are taken on Edmund Rice camps or other activities, prior to leaving for the camp or activity. These medicines may be kept in the First Aid Centre or kept by the person. If your child uses an inhaler and normally administers this him/herself please note this under No. 7 below.

2. Contact in case of emergency

Doctor's Name:..... Ph:.....

Emergency Contact Person's Name:.....

Address : .....

Phone number: (H).....(W).....

3. Medicare Number : .....Medical Fund : .....

4. Please tick if you suffer from any of the following:

blackouts     sleepwalking     travel sickness     dizzy spells     bedwetting

migraine     fits of any type     asthma     heart condition

other (please specify).....

5. Date of last Tetanus Injection : .....

6. Does your child have allergies to :

penicillin     any foods (please specify):.....

drugs     other (please specify):.....

What special care is recommended ? .....

7. Is there any other health information that the ERC Coordinator should know?

.....

8. Any specific details relating to any of the above? .....

9. Is this the first time your child has been away from home (if applicable)? YES / NO (please circle)

10. Can you child swim ? YES / NO    How far ? : 25m    50m    100m (please circle)

I authorise the ERC Coordinator, or other staff, in the event of any accident or illness and where it is not possible at the time to obtain my consent as a parent/guardian, to obtain any necessary medical assistance or treatment. For this purpose, I authorise the previously listed people to engage any doctors, nursing assistance or hospital facilities or accommodation. I agree to pay all such doctors, nurses or hospital expenses incurred.

Signed: ..... Date: .....

**IMPORTANT**  
**Please read this notice prior to submitting information to**  
**Edmund Rice Camps Townsville.**

Edmund Rice Camps Townsville (ERCT)  
**Child Information Collection Notice**

1. Edmund Rice Camps Townsville collects personal information, including sensitive information, about the children who attend Edmund Rice Camps and activities, and their parents/guardians. The primary purpose of collecting this information is to enable ERCT to safely conduct activities for children. Information may be required to allow Edmund Rice Camps Townsville to meet some of its legal obligations, provide care for children while under supervision and discharge its duty of care.
2. Edmund Rice Camps Townsville from time to time discloses personal and sensitive information to others for administrative purposes.
3. If we do not obtain the information requested, we may not be able to accept your child on an Edmund Rice Camp or activity.
4. Personal information collected from children is disclosed to their parents or guardians. Parents or guardians may seek access to personal information collected about them and their son / daughter by contacting Edmund Rice Camps Townsville:

The Coordinator,  
PO Box 6149,  
Townsville, 4810

Phone: 4726 3263.