



Aboriginal and Torres Strait Islander Teen Camp Full Information Form - Camp

Thank you for your interest in attending the HeartKids Teen Camp!

Note: All costs for campers are paid for by HeartKids, including flights, transport, accommodation, meals and activities.

We look forward to getting to know you through this application.

This form must be fully completed for each camper and submitted by the campers parent/ legal guardian/ carer/ health professional.

Before starting this application form, you will need to have ready:

- Completed Doctor's Form - Attached in this email

This needs to be filled by the camper's Cardiologist or family doctor who knows the camper's medical history well. You can call/email your cardiologist or their secretary/receptionist to complete this form. It is not always a requirement for you to attend an appointment with your Cardiologist to complete this form.

Please complete this application form at your earliest convenience to secure the camper's place at Teen Camp.

If you have any questions about the application and selection process, please contact Michelle Chee at HeartKids on 0439 985 938 or michelle.chee@heartkids.org.au



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Consent

Please read through each section thoroughly

Information About Camp and Camp Activities

Activities to be undertaken at the camp may include, but are not limited to: flying fox; ropes course; rock climbing; swimming in the onsite pool; surfing at the beach; stand-up paddle boarding on the river.

Travel to camp, and the activities campers will participate in while at camp are associated with inherent risks. These risks include but are not limited to:

- Exposure to the sun
- Being bitten or stung by an animal, insect or plant
- Being injured by slipping or falling or during an activity
- Being injured whilst in a location which is not easily accessible to medical services

*** 1. I declare that I am the parent/legal guardian or have substituted decision-making responsibility and provide consent for the following:**

- I give permission for the camper to attend Teen Camp
- I give permission for the camper to travel to/from camp and any off-site activities
- I give permission for the camper to participate in all on-site and off-site activities at camp, including but not limited to those listed above.
- I understand that in the event that the camper's behaviour poses a danger to themselves or others during camp, they may be sent home. I further understand that in such circumstances I will be informed and that any costs associated with their return journey and supervision will be my responsibility.

Photography/Videography Consent

This consent section is to advise you how HeartKids uses photos and video images taken at camp and to seek permission to use the camper's photograph and/or video image.

Employees and volunteers of HeartKids take photographs and video images of campers at camp.

HeartKids would like to be able to use and reproduce in print form and/or electronically, content which may include photographs/images of the camper and is seeking your consent to do so.

You can gain access to the photographs or withdraw your consent at any time by contacting HeartKids.

Phone: (02) 9460 7450 Email: office@heartkids.org.au

*** 2. I am the parent/legal guardian of the camper or holder of authorised substituted decision making responsibility**

I grant permission for photos/images that include the camper and their name to be used for safety procedures, in publications, memorabilia, in media and promotions and for sponsors

- No, I do not grant permission for the camper's photo/image to be used at all
- Yes, I grant permission for the camper's photo/image to be used for any/all of the above reasons

Medical Consent & Authorisation to Treat

There will be a team of medical professionals at every Teen Camp. This section is for you to provide consent to our Teen Camp medical team to manage the camper's medication and provide authorisation to administer the medication.

Additionally, first aid during Teen Camp is oftentimes required by campers for events such as motion sickness, headaches, minor cuts, bruises, allergies, fever, etc. This section is for you to provide consent to our Teen Camp medical team to administer first aid treatment to the camper.

Note: In the event where the camper requires serious medical treatment, they will be transported to the nearest hospital. The parent/legal guardian/ carer will be contacted in any such event.

*** 3. I declare that I am the parent/legal guardian or have substituted decision making responsibility for the camper and provide consent and authorise HeartKids and its medical volunteers to:**

Please tick all that applies

- provide necessary first aid to the camper in the event of injury/illness
- share relevant information with other camp volunteers when required
- administer over the counter medications as required to the camper
- administer the camper's prescription medication, as per the pharmacy medication label
- transport the camper to hospital with an ambulance or other vehicle
- provide authorisation for the camper to receive such medical or surgical treatment as may be deemed necessary, where it is impractical to communicate with me



Aboriginal and Torres Strait Islander Teen Camp Full Information Form - Camp

Camper Information

Please ensure information below is completed exactly as it is stated on camper's identification.

* 4. Given Name(s)

* 5. Surname

6. Preferred Name

* 7. Date Of Birth

Camper's must be age 13-17 at the time of camp

Date



8. Age at time of camp

9. Gender

* 10. Is the Camper of Aboriginal or Torres Strait Islander origin?

- Aboriginal
- Torres Strait Islander
- Both
- None of the above

11. Camper Mobile Number *Especially if they are flying in!

Country code

Camper Mobile Number

* 12. Address

Address

Address 2

City/Town

State/Province

ZIP/Postal Code

* 13. Nearest Departing Airport

14. Language Spoken

* 15. T-Shirt Size *Measurements are adult sizes*

- S
- M
- L
- XL
- XXL

* 16. Does the camper have any Special Dietary Requirement

- Yes
- No

* 17. Does the Camper have any Allergies?

- Yes
- No



Aboriginal and Torres Strait Islander Teen Camp Full Information Form - Camp

Dietary Requirements and Allergies

Please only use this form if the teen camper has strict dietary requirements that are essential to the campers health and well-being (eg. food allergy).

* 18. What is the Camper's Dietary Requirement?

- No Dietary Requirement
- Coeliac (gluten free)
- Lactose intolerant
- Vegan
- Vegetarian
- Halal
- Other (please specify)

* 19. What is the Camper allergic to?

- No Allergies
- Severe Anaphylactic Reaction**
- Nuts
- Eggs
- Shellfish/Seafood

Other (Please list any and all allergies or intolerances to specific foods, food additives, medications, insects, latex etc)

20. If you have more allergy/dietary requirements. Please write them here



Aboriginal and Torres Strait Islander Teen Camp Full Information Form - Camp

Parent/Carer and Emergency Contact Information

* 21. Parent/Guardian/Carer 1 Information

First Name	<input type="text"/>
Surname	<input type="text"/>
Relationship to Camper	<input type="text"/>
Mobile Phone Number	<input type="text"/>
Email Address	<input type="text"/>

22. Parent/Guardian/Carer 2 Information

First Name	<input type="text"/>
Surname	<input type="text"/>
Relationship to Camper	<input type="text"/>
Mobile Phone Number	<input type="text"/>
Email Address	<input type="text"/>

23. Are there any Court Orders in place?

- Yes
- No



Aboriginal and Torres Strait Islander Teen Camp Full Information Form - Camp

Court Order in Place

Please provide as much information as possible

* 24. Is there an AVO in place?

No

Yes

If Yes, please provide information

25. If not already addressed above, what is the court order in place?



Aboriginal and Torres Strait Islander Teen Camp Full Information Form - Camp

General Health and Medical Information

Please provide extensive details of the campers' medical conditions (e.g. Rheumatic Heart Disease, diabetes, epilepsy, asthma, etc)

* 26. Medicare Details

Medicare Number

Medicare Ref Number
Next to Name

Medicare Expiry Date

Health Contact Information

* 27. Doctor Contact Information

Name

Clinic/Hospital

Email Address

Phone Number

* 28. Nurse/Support Worker/Other Health Professional Contact Information

Name

Clinic/Hospital

Email Address

Phone Number

* 29. Please provide details of the camper's cardiac diagnosis

* 30. Has the camper had cardiac surgery in the past 1 month

Yes

No

* 31. Is the camper able to (Please tick all that applies)

- Walk up and down stairs unassisted
- Walk 100 metres without extreme fatigue
- Shower, dress and toilet independently
- Eat without assistance
- Able to swim

32. If you did not tick any of the above, please provide more information

* 33. Does the camper have any special needs that could affect them whilst on camp? For example: physical limitations, behavioural or emotional considerations etc.

- No
- Yes, (Please state what these are & what you find helpful in managing this issue)

* 34. Does the camper have other Medical Diagnosis/diagnoses?

- No
- Yes. Please provide details of the campers' medical conditions (e.g. Diabetes, epilepsy, asthma, depression, etc)

Health History

* 35. Does the camper have a history of arrhythmia?

- Yes
- No

* 36. Please tick if the camper has ever been treated for any of the following

- None of the following
- Asthma
- Headaches/Migraines
- Blackouts/Fainting
- Dizzy Spells
- Diabetes type 1
- Diabetes type 2
- Travel Sickness
- Sleep Disorder
- Epilepsy/ Seizures
- Travel Sickness
- Fears/phobias
- ASD
- ADHD
- ODD/Conduct Disorder
- Developmental Disability
- Intellectual Disability
- Emotional/Behavioural difficulties
- Mental Health illness (e.g anxiety, depression, other)
- Physical Disability
- Schizophrenia/ Hallucinations
- Serious Injury

37. If you answered yes to either questions 46 or 47, please provide more information (e.g how the condition is managed and what we can do whilst on camp to support the camper)

Immunisation

* 38. Has the camper had the Covid-19 vaccinations?

- Yes
- No

* 39. Has the camper had a Tetanus immunisation? *If the camper received a Tetanus immunisation over 10 years ago, a booster is recommended prior to camp.

- No
- Yes, please state what year

Equipment, Supplies, and Devices

Parents/guardians must provide any special equipment, supplies or monitoring equipment that the camper needs.

* 40. Does the camper use/require any of the following?

- None
- Glasses/Contacts
- Wheelchair
- Oxygen
- Hearing Aid/ Cochlear implant
- Adaptive equipment
- Epipen
- Dental Retainer/plate
- Pacemaker/ICD
- Other (please specify)



Aboriginal and Torres Strait Islander Teen Camp Full Information Form - Camp

Medication

Please provide accurate and in-depth detail of information required in this section

Over the Counter Medication

Camp clinicians will provide over-the-counter medications for routine health issues, such as headaches, diarrhoea and nausea.

* 41. Please tick the box next to the medications that you provide consent for our medical team to administer to the camper:

- paracetamol (eg. Panadol)
- ibuprofen (eg. Nurofen or Advil)
- travel-sickness tablets (such as Travacalm)
- insect bite/itch relief cream (eg. Soov or Rapaed)
- anti-diarrheas' (eg. Immodium)
- naproxen sodium(eg. Naprogesic)
- antiseptic cream (eg. Bepanthen or Savlon)
- aloe vera gel
- antihistamines (e.g Telfast or Zyrtec)
- sunscreen
- calamine lotion
- insect repellent
- None of the above

Prescribed Medication Summary

* 42. Does the camper have any prescribed medication?

- Yes
- No



Aboriginal and Torres Strait Islander Teen Camp Full Information Form - Camp

Prescribed Medication

Please detail all medications prescribed to the camper, frequency, dose, route of administration (e.g oral, arm, thigh etc), and any special instructions required.

43. Medication

Medication Name	<input type="text"/>
Dose	<input type="text"/>
Frequency	<input type="text"/>
Route	<input type="text"/>
Time(s)	<input type="text"/>
Special Instruction	<input type="text"/>

44. Medication

Medication Name	<input type="text"/>
Dose	<input type="text"/>
Frequency	<input type="text"/>
Route	<input type="text"/>
Time(s)	<input type="text"/>
Special Instruction	<input type="text"/>

45. Medication

Medication Name	<input type="text"/>
Dose	<input type="text"/>
Frequency	<input type="text"/>
Route	<input type="text"/>
Time(s)	<input type="text"/>
Special Instruction	<input type="text"/>

46. Medication

Medication Name

Dose

Frequency

Route

Time(s)

Special Instruction

47. Medication

Medication Name

Dose

Frequency

Route

Time(s)

Special Instruction

48. Medication

Medication Name

Dose

Frequency

Route

Time(s)

Special Instruction

49. Medication

Medication Name

Dose

Frequency

Route

Time(s)

Special Instruction

50. Medication

Medication Name

Dose

Frequency

Route

Time(s)

Special Instruction

51. Medication

Medication Name

Dose

Frequency

Route

Time(s)

Special Instruction

52. Medication

Medication Name

Dose

Frequency

Route

Time(s)

Special Instruction



Aboriginal and Torres Strait Islander Teen Camp Full Information Form - Camp

Other Information

We would like to learn a little more about the camper to ensure they have a safe and enjoyable camp experience.

53. Please detail as much as you can about any challenges they may face so we are able to accommodate them on camp and ensure they have a wonderful experience. Also include information related to likes, dislikes, emotional or behavioural considerations, suggested responses to challenging behaviours, personality traits and any other general information. The more we know about the camper, the better we will be able to ensure they settle into camp quickly and have a great time.



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Document Submission

You will be required to submit the following documents before submitting this application. Your spot on Teen Camp will not be confirmed until this application is completed and all documents submitted.

* 54. Cardiologist Information Form

This form was sent to you in the same email as the link to this application form. This form must be filled and signed by the Camper's Cardiologist. You can call/email your cardiologist or their secretary/receptionist to complete this form. *It is not always a requirement for you to attend an appointment with your Cardiologist to complete this form.

Choose File

Choose File

No file chosen

55. If the camper has a history of Arrhythmia, please provide a copy of their ECG

Choose File

Choose File

No file chosen



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Thank You!

Congratulations! You have successfully submitted your Teen Camp application form and the required documents! You will be contacted shortly by a member of the Teen Camp committee.

If you have any questions, please contact Michelle Chee on 0439 985 938 or michelle.chee@heartkids.org.au.