

# 2018 Nipper/Senior Camp Information Form



Childs Name:							
Age Group:		Date of Birth:					
Address:							
Parent/s Name:							
Mobile phone:			Email:				
Ambulance Cover:	Yes	No	Medicare No.				
Emergency Contact Name: (not attending camp)							
Emergency Contact Phone: (not attending camp)							
Surf Experience:	Please circle	None	Very Little	Nervous	OK	Good	Confident
Swimming Ability:	Please circle	Unsure	shallows only	25m	50m	100m	200m
<b>MEDICAL /HEALTH INFORMATION</b>							
<b>Please provide details of any medical conditions your child may have:</b>							
<b>Please list any medications your child requires, please also provide times and dosage:</b>							
<b>Please list any dietary requirements and food allergies:</b>							
<b>Consent to Medial Attention</b>							
I authorise the Lifesaving personnel in charge of the camp to consent, where it is impracticable to communicate with me, to the child receiving medical treatment as may be deemed necessary.							
Signature:..... Date:.....							

Please send completed forms via email: **SENIORS:** [seniormanager@mmlsc.com.au](mailto:seniormanager@mmlsc.com.au)

Please send completed forms via email: **NIPPERS:** [juniordirector@mmlsc.com.au](mailto:juniordirector@mmlsc.com.au)