

IGNATIANT CHILDREN'S HOLIDAY CAMP Medical Protocols and Consent Forms

1. In this document, '**staff**' means all those associated with the Ignatian Children's Holiday Camp in any capacity whatsoever, excluding the children, and '**medical staff**' means nurses and medical doctors associated with the Ignatian Children's Holiday Camp in any capacity whatsoever.
2. In this document, '**Camp**' means the Ignatian Children's Holiday Camp

Medication, accident and illness

3. You agree that:
 - a) Medical staff will be made aware of all medications taken by your child;
 - b) Medication will only be administered if in the original container and the container states the child's name and dose to be given;
 - c) All medication given by the medical staff will be recorded;
 - d) For children on regular medication, medication charts will be completed by the child's local doctor prior to the commencement of the Camp;
 - e) In the event of accident or illness the medical staff on duty will assess, treat or refer the child to other health professionals or the parent/guardian
 - f) *All reasonable efforts will be made to contact the parent or guardian;*
 - g) First Aid will be administered by the medical staff or other staff immediately present. *You agree that the level of First Aid given will differ greatly according to the skills of the first person immediately present;*
 - h) The medical staff will decide whether the child should be taken to hospital immediately or whether a doctor should be called;
 - i) In an emergency or on the advice of medical staff the child will be transferred by ambulance to hospital. *A member of staff will stay with the child until the child's relatives reach the hospital.*
4. You agree:
 - a) To notify staff if your child has or has been in contact with any contagious illness;
 - b) To notify staff if there is any change to your child's medical condition from the previous information sent on the application form;
 - c) That you have authorized staff to assist in the administration of medications specified on the medication chart;
 - d) That you consent to any treatment considered necessary or desirable by the staff;
 - e) That, in the case of emergency or accident, you consent to your child being transferred to the nearest hospital.

Child's Name: _____

Your Name: _____

Your Signature: _____ Date: _____

5. I give my consent

- (a) for my child to participate in all the activities and excursions as listed on the attached timetable for the Camp;
- (b) and delegate my authority to the staff. The staff at the Camp may take whatever *reasonable* disciplinary action *deemed necessary by them* to ensure the safety, well being and successful conduct of the Camp and the conduct of activities and excursions
- (c) for my child to participate in swimming activities on the Camp. Please indicate below whether your child's swimming ability is that of: a very competent swimmer in deep water, or swims unaided, or requires a floatation device, or requires more than one staff member for support in the water, or does not like swimming.

Please indicate your child's continence protection needed whilst swimming:

- (d) for photos and video footage taken throughout the Camp to be shown or displayed in order to advertise or promote the Camp;
- (e) for photos and/or video footage taken throughout the Camp to be used as aids to instruct staff and future staff how to conduct certain activities relevant to future camps. Through special request staff will be able to supply you with copies of some of the photographs taken.

Child's Name: _____

Your Name: _____

Your Signature: _____ **Date:** _____

6. I understand that the staff responsible for conducting the Camp may not be held liable for any accident or injury however caused to my child or for any damage to property howsoever caused. I agree to waive any claim against the staff in the event that my child is injured during the Camp and my child's property is damaged in any way during the Camp.

Child's Name: _____

Your Name: _____

Your Signature: _____ **Date:** _____