



SPECIAL ***NEEDS/CONSIDERATION*** FORM

IMPORTANT: Any special needs, injuries, medical conditions, life threatening allergies (other than dietary) or limit of ability, must be brought to the attention of the camps director and the adult staff assisting the facilitation of the program.

This form must be filled out for all campers who require special consideration regarding the running of adventure activities and general program.

PARENT

NAME OF STUDENT / CAMPER: _____

NAME OF PARENT / GUARDIAN: _____

CONTACT PHONE AH: _____ **BH:** _____

MOBILE PHONE NUMBER: _____

SPECIAL NEEDS OR CONSIDERATION PARTICULARS:

PLEASE TICK



SCHOOL

NAME SCHOOL / GROUP: _____ **DATE:** _____

TEACHER / LEADER IN-CHARGE OF FIRST AID: _____

Teacher / Leader in-charge of first aid is responsible for all campers with special needs while on camp. Please make all adult staff from Waratah Beach Camp P/L and School Group aware of any campers with special needs or considerations upon arrival at camp.

TEACHER / LEADER IN-CHARGE OF CAMP: _____



CAMP

COMMENTS:

PLEASE EMAIL BACK MIN. 10 DAYS BEFORE CAMP