



PWSA VIC TIME OUT CAMP REGISTRATION FORM

Camp Cooriemungle – 30 Bornong Rd, Cooriemungle Victoria
(www.campcooriemungle.com.au)

11:00am Saturday 8th to 11:00am Monday 10th April 2017

Please post or email completed forms to:
Time Out Camp, PWSA Victoria, PO BOX 92 KEW VIC 3101 OR email info@pws.asn.au

ALL INFORMATION IS REQUIRED TO BE COMPLETED BY (OR ON BEHALF OF) THE ATTENDEE

*The information on this form is collected and used in accordance with our privacy policy
which can be viewed on our website at www.pws.asn.au*

DETAILS OF PERSON WITH PWS ATTENDING:

Given Name:	Surname:
Date of Birth:	Gender:
Address:	
Suburb:	Postcode:
Phone:	Mobile:
Email:	

PARENT OR GUARDIAN INFORMATION :

Given Name:	Surname:
Address:	
Suburb:	Postcode:
Phone:	Mobile:
Email:	

EMERGENCY CONTACTS:

Name:	Relationship:	Mobile:
Name:	Relationship:	Mobile:



CARER REQUIREMENTS:

Name of Parent or Carer attending with applicant:

Mobile:

Email:

OR Will you require PWSA Victoria to provide a Professional Carer? Yes No

If yes, what are your requirements for a carer:

TRAVEL ARRANGEMENTS:

Camp Cooriemungle is approximately 2.5 hours' drive from the Melbourne CBD.

If enough people are interested we may be able to organise a bus from and to a central location.

Yes please, I/we would like to take a bus from a central Location No thanks, I/we will make our own way there

If travelling alone please advise how you intend getting to and from the Camp.

Public transport Taxi Parent/Carer will drive me Other – please specify _____

PAYMENT & TSHIRT SIZE:

The Camp is FREE of charge for the person with PWS and ONE parent or carer

For other family members to attend the cost is as follows:

- Under 2 years old FREE
- 3-15 years old \$140 per person
- Over 15 years old \$150 per person

Payment can be made by Cheque or Direct Deposit to

PWSA Victoria NAB – BSB: 083 376 Account: 51 882 4282

Please use the Reference: YOUR SURNAME & CAMP to identify your payment eg. SMITHCAMP

Name: (Please list ALL those attending)	Relationship to the person with PWS attending:	T-Shirt Size: (Please indicate size and whether adult or child sizing)	Amount Paid: (if applicable)
TOTAL			\$



MEDICAL DETAILS:

Doctor's Name:		Phone:	
Medicare Card number:		Ref:	Expiry:
Healthcare Card: <input type="checkbox"/> Yes or <input type="checkbox"/> No	Healthcare Card Number:		
Private Health Fund: <input type="checkbox"/> Yes or <input type="checkbox"/> No	Private Health Fund Name:	Private Health Fund Number:	
Ambulance Membership: <input type="checkbox"/> Yes or <input type="checkbox"/> No	Ambulance Membership No:		

MEDICAL CONDITION/S:

PLEASE TICK IF YOU SUFFER FROM ANY OF THE FOLLOWING

<input type="checkbox"/> Asthma (see next page)	<input type="checkbox"/> Allergies
<input type="checkbox"/> Epilepsy (see next page)	<input type="checkbox"/> Sight impairment
<input type="checkbox"/> Diabetes (see next page)	<input type="checkbox"/> Hearing Impairment
<input type="checkbox"/> Coeliac	<input type="checkbox"/> Food Allergies
<input type="checkbox"/> Other - please specify	

Please list any additional details including severity and treatment
(Add additional paper if more space needed and attach to registration form)

MEDICATION:

Please list any medication being taken and dosage:

DIETARY REQUIRMENTS:

Please TICK any dietary requirements that you may have:

<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Vegan	<input type="checkbox"/> Gluten Free
<input type="checkbox"/> Lactose Free	<input type="checkbox"/> Fructose Free	<input type="checkbox"/> Other - please specify

Other requirements:



ASTHMA MANAGEMENT:				
What can trigger your Asthma Attack?				
<input type="checkbox"/> Infections	<input type="checkbox"/> Exercise		<input type="checkbox"/> Dust Mites	
<input type="checkbox"/> Pollen	<input type="checkbox"/> Mould		<input type="checkbox"/> Animals	
<input type="checkbox"/> Stress	<input type="checkbox"/> Tobacco		<input type="checkbox"/> Medications	
<input type="checkbox"/> Weather changes			<input type="checkbox"/> Other – please specify	
Severity	Cough	Wheeze	Breathing	Speech
<input type="checkbox"/> Mild	<input type="checkbox"/> Mild	<input type="checkbox"/> Soft	<input type="checkbox"/> Minor difficulties	<input type="checkbox"/> Sentences
<input type="checkbox"/> Moderate	<input type="checkbox"/> Persistent	<input type="checkbox"/> Loud	<input type="checkbox"/> Major difficulties	<input type="checkbox"/> Short sentences
<input type="checkbox"/> Severe	<input type="checkbox"/> Severe	<input type="checkbox"/> Absent	<input type="checkbox"/> Severe difficulties	<input type="checkbox"/> Few Words
Can you administer your own medication? <input type="checkbox"/> YES <input type="checkbox"/> NO				
HAVE YOU EVER BEEN ADMITTED TO HOSPITAL FROM AN ASTHMA ATTACK? Please provide details:				
ACTION PLAN IN THE EVENT OF AN ASTHMA ATTACK: Please provide details:				
EPILEPSY MANAGEMENT:				
What type of seizures do you have?				
How long since your last seizure?				
What triggers the seizures?				
What is the usual length of time of your seizures?				
In what circumstances should an ambulance be called?				
ACTION PLAN IN THE EVENT OF A SEIZURE?				
DIABETES MANAGEMENT:				
Do you take Insullin or tablets?				
How often do you have Hypos?				
Can you feel them coming on?				
Do you carry an emergency glucose injection?				
Have you ever had to use it?				
Are you confident in adjusting your medication for intensive exercise?				



ACKNOWLEDGMENT AND CONSENT:

I give my consent for _____

(please list the names of ALL those attending)

to participate in the **PWS Time Out Camp 2017** and all activities organised by the PWSA Victoria during the camp at **Camp Cooriemungle**.

I am aware that if any participant is unwell or suffers an injury I am obliged to report it to the carer and/or camp organiser. The provision of First Aid will be available at the camp and administered by suitably qualified staff.

In the event of a medical emergency, all effort will be made to contact the parent or guardian listed on this form in first instance. If contact cannot be made, I authorise that medical attention to be sought immediately and administered if required. Also, I consent to being transported in a privately owned vehicle driven by camp organisers (or their representative) or by ambulance to nearest hospital if required.

I agree that the information contained in the medical form can be made available to appropriate people rendering assistance or from whom advice may be appropriate.

I understand that in the event of inappropriate behaviour or behaviour that poses a danger to others during the camp that the participant will be sent home. I further understand that in such circumstances I will be informed and that any costs associated with his/her return will be my responsibility.

I consent to the participant/s being photographed and/or visual images being taken during activities at the camp by the PWSA Victoria for publicity purposes in the Newsletter, PWSA Victoria Facebook page, Website and any other promotional material.

I understand that personal property such as mobile phones, iPads, etc are permitted on the camp but that I take sole responsibility for that property. All effort will be made to provide a safe location for such items at the camp but it will not be the responsibility of camp organisers to locate lost property or provide reimbursement.

I acknowledge and consent to the risk and hazards incidental to the conduct of the activities, and release, absolve and hold harmless PWSA Victoria and all its respective officers, agents, and representatives from any and all liability for injuries to the participant/s arising out of travelling to, participating in, or returning from the Time Out camp.

To be signed by the Applicant or by the Parent/ Guardian if Applicant if under 18 years of age:

Applicant Signature:		Parent /Guardian Signature:	
Printed name:		Printed name:	
Date:		Date:	