



Licola Wilderness Village is the Trading name for Lions Village Licola. Wholly owned and operated by the Lions Clubs of Victoria

LWV Office Use Only
Date Received:
Session:

Special Needs Adventures Application Form

All information will be treated as confidential and will only be shown to approved Lions Village representatives. Please use blue or black pen to fill out this application.

Contact Information: Camper's Surname, Given Names, Address, Suburb, Postcode, Date of Birth, Age, Sex, Contact Numbers, Parent/Guardian Surname, Given Names, Emergency Contact 1, Emergency Contact 2

Name and Address of School/Agency:

Contact: Phone:

Medical Information:

Medicare/Pension/Health Care No: Ambulance Subscription? Yes No If Yes, Membership Number

Private Health Cover: Yes No If Yes, Name of Fund: M/ship No:

Family Doctor's Name: Telephone Number:

Dietary Requirements of Participant: Vegetarian? Yes No Other Special Requirements?

Additional Medical information:

Is camper self-sufficient? YES NO If no who will look after their needs?

Does camper require wheelchair accessible accommodation? YES NO

Swimming Ability:

Water activities are conducted in our pool and also in a shallow flat-water area of the Macalister River, which runs beside our property. All activities are supervised by our qualified staff members. Please classify camper's swimming ability (Strong being a competent swimmer able to swim a minimum of 50 metres without stopping).

Non-Swimmer Camper is not to enter the water, even though I am aware there is always a trained lifeguard on duty

Medical History

In order for us to provide adequate support for all campers, we need to be aware of their needs. If camper suffers from any chronic or recurrent ailment or physical restriction, it must be disclosed so that the appropriate provisions can be made for their welfare. Please complete in as much detail as possible and add additional pages if required. Failure to disclose such information may result in you being called to pick up your child from the camp or him/her being sent home.

Does your camper suffer from any physical or intellectual disabilities or has he/she had a recent injury or illness? Yes No Details

<b>Does camper suffer from any of the following?</b>	Diabetes	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Epilepsy	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Seizures	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Hay Fever	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Heart Problems	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Hearing Loss	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Allergies	Yes <input type="checkbox"/>	No <input type="checkbox"/>	ADD	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Anaphylaxis **	Yes <input type="checkbox"/>	No <input type="checkbox"/>	ADHD	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you have answered "yes" to any of the above, please provide details (include details of any recent injury or illness): .....

**\*\*If "Yes" to anaphylactic reaction please provide more detail and attach an ASCIA action plan to this application form (without it your child will not be able to attend camp):** .....

**Has camper ever suffered from asthma? If so, please give details:** .....

**Has camper been immunised against Tetanus?** Yes  No  Date of last injection: .....

**Does camper have any behavioural issues that we need to be aware of? If so, please give details of the behaviour and any management plan that is in place** .....

**Is there anything else that you can tell us about the camper that may help us to make the camp as enjoyable as possible for him/her? For example, Likes, dislikes, social skills, sleeping habits, fears etc?** .....

**Medications:**

Campers may not have medications (pills, liquid, cream or injections) in their possession at camp. This includes over the counter medication like Panadol or daily vitamins. All medication must be given to, and held by individual carers or a Lions Licola Wilderness Village representative, who will administer medications according to written instructions. All medications must be in the original pharmacy containers. Dossett or Webster packs are also permitted.

Camper will have the following medication in their possession/ bring to the camp;

- Disprin       Panadol       Cough Medicine       Anti-Histamine       Ventolin       Other

If camper is on Medication please complete chart below:

Medication	Dosage	Time Taken

I (name of parent/guardian) ..... hereby give permission for a Lions Licola Wilderness Village representative to issue the above medications, according to the written instructions on the container as prescribed by a doctor or physician. I also give permission for the Lions Village staff to apply 15+ sunscreen to my child to aid in the prevention of sunburn.

Signature: ..... Date: .....

**Additional Information:**

Is this camper's first Licola camp? Yes  No  If "No" when was the last time camper was at Licola? Date: .....

**Authorisation:**

I authorise in the case of serious emergency, and there being insufficient time to contact me/us the parent/s or guardian, the obtaining of any medical or surgical treatment, including anaesthetic, as necessary, in respect of the above-named person and accept responsibility for any such expense incurred. I also consent to my child's photograph being used in public relations efforts for Lions Licola Wilderness Village including but not limited to, media releases, brochures and videos.

Signed: ..... (Signatory must be 18 years of age or over)

Print Name: ..... Date: .....

- ◆ Thank you for taking the time to fill out this form in its entirety. The information that you provide will help us to ensure that each camper has a positive and enjoyable camping experience.
- ◆ Spaces are limited so please return this form to your school/agency ASAP