

# Tabir 2013-2014 Registration Form

## Family Details

Родина / Family: \_\_\_\_\_

Адреса / Address: \_\_\_\_\_

\_\_\_\_\_

Тел / Tel: \_\_\_\_\_ Моб / Mob: \_\_\_\_\_

Е-mail: \_\_\_\_\_

☐ I wish to receive information from Plast by e-mail



**Зголошуємо нижчеподаних до табору / We wish to register the following for Tabir:**

Ім'я Name	Дата Нан. DOB	Вік Age	Please tick to indicate the program for each registrant			
			Ptash-eniata	УПН UPN	УПЮ UPY HIKE	Tativka

**Please provide a medical information form for each registered person.**

Expected arrival date: \_\_\_\_\_ Expected departure date: \_\_\_\_\_

The above tativka participants will be:

- ☐ full camp participants with meals provided  
or ☐ self-catering paying daily campers rates only

If you are not attending the full length of the Tabir, please tick whether you will be attending the following special events:

☐ Показовий День (1/1/2014) ☐ Пласт Ялинка (1/1/2014) ☐ New Year's Eve

## Emergency Contact Details

**Please provide the name and contact details of a person to be contacted (not at the camp) in case of an emergency**

Ім'я / Name: \_\_\_\_\_

Тел / Tel: \_\_\_\_\_ Моб / Mob: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

***Please read the following terms and conditions before signing the form at the bottom of the page. Your signature will be considered an acceptance of all these terms and conditions.***

### **Plast Data Collection Policy**

Plast collects a range of information for the purpose of planning and conducting scouting and youth activities and events for participants in Plast programs. It will be disclosed as appropriate to those planning and conducting activities only. Please assist us by informing us of changes to this information as soon as possible. All information will be kept securely and may be accessed upon request.

### **Authority of Camp Commandant and Camp Committee**

I/We understand that the camp is conducted under the authority of the Victorian Plast Executive and its appointed camp committee. I/We accept that the camp commandant may make rules for the safe conduct of the camp and that all camp participant and attendees will be required to follow those rules.

### **Acceptable Behaviour**

I/We acknowledge that acceptable standards of behaviour will be expected of all camp participants and attendees. I/We understand that in the event of my/our child/children serious misbehaviour during the camp or any camp activities, they may be sent home. I further understand that in such circumstances I/We will be informed and that any costs associated with their return will be my/our responsibility.

### **Authorisation for Medical Treatment**

In the event that the camp administration cannot contact me/us, or it is otherwise impracticable to contact me/us, I/we authorize the camp administration to:

- Consent to the provision of such medical or surgical attention as may be deemed necessary by a qualified medical practitioner
- Administer such first aid as may be judged to be reasonably necessary

I/We understand that the costs associated with such treatment will be my/our responsibility

### **Travel**

I/We give consent for my/our child/children to travel by Bus and on occasion private vehicle for the purpose of attending camp activities outside the camp grounds.

### **Use of Participant Images**

I/We ☐ give  
☐ do not give

permission for photographs or images of the people registered on this form to be used without acknowledgement, remuneration or compensation in various Plast newsletters and promotional materials including but not limited to the Plast web site, newsletters, posters, magazine and newspaper articles.

### **Parental Consent**

I/We have read all of the information provided by Plast in relation to Tabir including all of the attached material.

My/Our signature(s) below indicates my acceptance of all of the terms and conditions associated with Tabir and my/our permission for me (if over 18 years) or my/our child/children to attend:

Parent/Guardian or if Over 18 years  
Signatures:

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Tabir 2013-2014 Medical Information Form

*All information provided is held in confidence and only used for the purpose of providing appropriate care in the case of a medical emergency.*

*If any of the information provided changes please inform Plast as soon as possible as a lack of information or outdated information may compromise treatment and put health at risk.*

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## Personal Details

My or Child's full name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian's full name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Tel: \_\_\_\_\_ Mob: \_\_\_\_\_

Medicare No: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Ref No: \_\_\_\_\_

Medical/Hospital Insurance Fund: \_\_\_\_\_ Membership No: \_\_\_\_\_

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## Emergency Contact Details

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Tel: \_\_\_\_\_ Mob: \_\_\_\_\_

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## Family Doctor Details

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: \_\_\_\_\_

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## Medical History

Please indicate if the individual suffers any of the following:

- |   |   |  |                                   |
|---|---|--|-----------------------------------|
| <input type="checkbox"/> Asthma                       | <input type="checkbox"/> Bed wetting      | <input type="checkbox"/> Blackouts       | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Dizzy spells                 | <input type="checkbox"/> Fits of any type | <input type="checkbox"/> Heart condition | <input type="checkbox"/> Migraine |
| <input type="checkbox"/> Sleepwalking                 | <input type="checkbox"/> Travel sickness  |  |                                   |
| <input type="checkbox"/> Other, please specify: _____ |   |  |                                   |

***if your child suffers from asthma or anaphylaxis we require your doctor to fill out a management plan which can be found in this Camp information pack on our website [www.plast.org.au](http://www.plast.org.au)***

Allergies to:

- |                                     |                                      |                                   |  |
|-------------------------------------|--------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Penicillin | <input type="checkbox"/> Other drugs | <input type="checkbox"/> Any food | <input type="checkbox"/> Other allergies |
|-------------------------------------|--------------------------------------|-----------------------------------|--|

Please specify: \_\_\_\_\_  
\_\_\_\_\_

Any special care required, please specify: \_\_\_\_\_  
\_\_\_\_\_

Tetanus Immunisation:

Last tetanus immunization was: \_\_\_\_\_

If over ten years since last immunization, please tick if booster is to be arranged by parents before the camp

Tablets and medications:

Is the individual currently taking tablets and/or medicine? ☐ Yes ☐ No

If yes, please state name of medication, dosage etc. \_\_\_\_\_  
\_\_\_\_\_

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**In the case of a plastun/plastunka participating in the UPN or UPY programs:**

All medicines must be handed to the first aid leader on arrival, with your child's name, the dose to be taken and when it should be taken.

**Previous Experience**

Is this the first time the plastun/plastunka has been away from home? ☐ Yes ☐ No

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**Authorisation for Medical Treatment**

In the event that the camp administration cannot contact me, or it is otherwise impracticable to contact me, I authorize the camp administration to:

- Consent to the provision of such medical or surgical attention as may be deemed necessary by a qualified medical practitioner
- Administer such first aid as may be judged to be reasonably necessary

I understand that the costs associated with such treatment will be my sole responsibility

I will undertake to update this information, if necessary, prior to camp.

Parent/Guardian/Participant (over 18 years) Signature:

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Asthma Management Form

The following confidential information is required to assist in the proper management of asthma sufferers whilst at *Tabir* (26 December 2013 – 4 January 2014). Please complete and attach to the Parent Consent Form (if applicable)

Child's Name: \_\_\_\_\_

Please seek the advice of the asthmatic's doctor if necessary when completing this form.

1. Usual maintenance medical program followed:

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2. Peak flow readings: Best \_\_\_\_\_ Critical \_\_\_\_\_ (bring own peak flow metre)

3. Medication and treatment to be used during worsening asthma:

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4. Medication and treatment to be used during crisis situations:

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5. List any known asthma trigger factor(s):

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## Key Questions

- |   |     |    |
|---|-----|----|
| 6. Has the child been admitted to hospital due to asthma in the past 12 months?   | Yes | No |
| 7. Has the child been on oral cortisone for asthma within the past 12 months?<br>(e.g. Prednisolone, Cortisone, Betamethasone etc)? | Yes | No |
| 8. Has the child suffered sudden severe asthma attacks requiring hospitalisation?   | Yes | No |

## Important Notes

If any of the key questions 6,7 or 8 are answered 'yes' then the decision for the person to attend the above mentioned *Tabir* (26 December 2013 – 4 January 2014) rests with his/her doctor. The process is as follows:

- A letter from the child's doctor, stating the doctor's decision must accompany this form when it is returned.

I declare that the information provided on this form is complete and correct

Parent/Guardian Signature:

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Anaphylaxis Management Form

The following confidential information is required to assist in the proper management of anaphylaxis sufferers whilst at *Tabir* (26 December 2013 – 4 January 2014). Please complete and attach to the Parent Consent Form (if applicable)

Child's Name: \_\_\_\_\_

Please seek the advice of the asthmatic's doctor if necessary when completing this form.

1. What treatment/medication/epipen should be used in the event of an allergic reaction? Please provide details: \_\_\_\_\_

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2. List any known allergies:

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**If your child is prone to severe allergic reaction, a letter from the child's doctor stating the doctor's decision about attendance at the camp must accompany this form when it is returned.**

I declare that the information provided on this form is complete and correct.

Parent/Guardian Signature:

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_