| Point Wolstoncroft Camp information form  |
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**Participant information**

| **Organisation name:** |  |
| --- | --- |
| **Name of young person:** |  |
| **Date of Birth:** |  |
| **Gender:** |  |

**Emergency contact information**

| **Name:** |  |
| --- | --- |
| **Phone number:** |  |
| **Relation to young person:** |  |

**Health information**

| **Does this young person take any medication? If yes, please list:** |  |
| --- | --- |
| **Does this young person have any allergies? If yes, please list & explain their treatment plan** |  |
| **Does this young person have any dietary requirements? If yes, please list** |  |
| **Does this young person have any disabilities which may affect their engagement with activities? If yes, please list and explain if there are any specific activities, they cannot partake in** | **AUTISM:** YES  NO **PTSD**: YES  NO Other, please specify…………………………………………….…………………………………………………………………………… |
| **If any medical issues occur, do you consent to first aid being administered or 000 being called**  |  |

**Behaviour information**

| **Does this young person have any behavioural disorders? If yes please list.** | Please tick.**ADHD:** YES  NO **ODD:** YES  NO **OCD:** YES  NO Other, please specify…………………………………………….……………………………………………………………………… |
| --- | --- |
| **Please detail their behaviour management plan if applicable**  |  |
| **Does this young person have any restrictions in place that we should know about?** |  |

**Carer/ support worker details**

JFSS will provide support workers, however if you wish to have a support worker or carer from your organisation, please fill out this section.

| **Name:** |  |
| --- | --- |
| **Organisation:** |  |
| **Phone number:** |  |

**Emergency contact for carer/ support worker**

| **Name:** |  |
| --- | --- |
| **Phone number:** |  |
| **Relation to individual:**  |  |

**Organisational information**

| **Name:** |  |
| --- | --- |
| **Phone number:** |  |
| **Address:**  |  |

**Transport to the camp**

Transport to and from the camp is provided by JFSS. To access this bus transport the young person and/or carer/support worker (if relevant) will be required to meet at 51 Standish Avenue, Oakhurst by 11 am on the 15th of April 2024. JFSS will return young people to 51 Standish Avenue, Oakhurst on the 19th of April 2024. Individuals can organise private transportation to and from the destination if they wish.

| **Will you need transport?**  |  |
| --- | --- |

Location: Camp at Point Wolstoncroft Sport and Recreation Centre, Kanangra Dr, Gwandalan NSW 2259.

* For any issues upon arrival please contact **Isaac Kisimba on 0421653673**

**Guardian Confirmation**

I **(Insert Name)** confirm that the information provided is true and I give permission for **(Name of Young person)** to attend the Camp at Point Wolstoncroft Sport and Recreation Centre, Kanangra Dr, Gwandalan NSW 2259.

**Relation to young person:**

**Signature:**

**Date:**