

Day Camp: Consent Form

Staff accompanying children on the Day Camp will take all reasonable care while the children are in their charge to protect them from injury and to control and supervise their behaviour and activities.

Parents should be aware that staff members are not responsible for injuries or damage to property which may occur during the activities where, in all circumstances, staff have not been negligent. Parents should warn children of the risk to themselves, to others and to property, of impulsive, wilful or disobedient behaviour.

I give permission for my child/children:

to attend the workshops and physical activities on Sunday 2nd October 2022 (Day Camp).

I agree to my child/children participating in the activities associated with this Day Camp mentioned previously. I have discussed with my child/children the need for expected behaviour during this Day Camp. I authorise Arthritis ACT to make arrangements for the welfare of my child (including medical or surgical treatment) in an emergency and I agree to meet the associated costs. I have provided Arthritis ACT with all medical information relevant to my child/children attending this Day Camp.

I agree that my child/children will be under the authority of Arthritis ACT for the duration of the Day Camp and that Arthritis ACT is authorised to return my child/children to my care at my expense if Arthritis ACT considers that circumstances warrant such action.

I understand the following:

- parents are responsible for transport to and from venue
- my child/children will participate in workshops at the UC Venue
- participate in physical activities off site at playing fields
- morning tea, lunch and afternoon tea will be provided for children

Parent/Carer: Name:

Phone:

Parent/Carers: Signature

Date: