



Form 1 Active Education – Camper Details

Child's Full Name:

School:

Dietary	✓ or ✗	Details
Food Related Allergy/Anaphylaxis		
Peanuts/Tree Nuts		
Coeliac		
Gluten Intolerance		
Milk/Dairy Protein		
Fish/Seafood		
Lactose Intolerance		
Vegetarian/Halal		
Other		

To view detail of how Active Education handles severe food allergies see www.activeed.com.au/food-allergies

Medical	✓ or ✗	Details
Non Food Related Allergy/Anaphylaxis		
Asthma		
Diabetes		
Hearing Loss		
Mobility Issues		
Seizures		
Other Conditions		
Behavioral Issues		

Do you give permission for your child to sleep on a top bunk? Yes No

Please provide specific details/information relating to your child's medical, dietary, emotional or other special needs on an attached sheet if required

Acknowledgement of Risk

I (the undersigned) : _____
(caregivers name)

acknowledge that **Active Education** will provide my son/daughter with access to a variety of activities which will be supervised by employees of **Active Education** in collaboration with school staff. I understand that these activities may have inherent danger or risk involved and I acknowledge responsibility for my child participating in these activities. I understand that some **Active Education** programs include water based activities such as swimming and/or kayaking.

Signature: _____ **Date:** ____/____/____

To find out more about Active Education visit www.activeed.com.au/parents

Photo & Video Footage Consent

As part of our service to schools we take photo and video footage that the school is then able to use for their own purposes including use in school publications (e.g Newsletter & Yearbooks) and the generation of video content.

By signing below you give consent for your child's participation in photos and video footage taken by staff or representatives of Active Education.

In addition to the use of this footage as outlined above I understand and agree that this content may also be used for Active Education's staff training & promotional purposes (including but not limited to various publications and marketing on the World Wide Web.)

Signature: _____ **Date:** ____/____/____

To find out more about our photo & video use policy feel free to visit www.activeed.com.au/about/photos-video-policy
NO CONSENT I do not grant consent for photos/videos of my child to be taken for use by Active Education