



Camp Brave Hearts

17th – 21st January 2011

Surname: _____ First Name: _____
D.O.B. _____ Male/Female _____ Weight: _____
Parent/Caregiver Full Name: _____ Helper: Y/N _____
Address: _____ Phone No's (0) _____ H
_____ (0) _____ W
_____ Mob: _____
Email: _____ NHI No: _____

- 1. Details of heart condition:** (a medical certificate will be required stating that your child is fit to attend camp and partake in activities **by 30.11.10**)

Details of any other conditions: e.g. Diabetes; Down; ADHD (so we can meet your child's needs)

- 2. Name of Medications:** (We will ask this question again closer to the time of Camp as medications do change over time – we require the information now for an indication of each child's requirements)

- 3. Any allergies or special dietary requirements:**

If you answered “**Yes**” to the allergy question, please state the date of the last reaction and type of reaction:

- 4. Any fears or phobias:** e.g. heights, dark, confined spaces, spiders etc.

- 5. Indication of confidence in Water:** **Excel/Good/Poor**
Comment: _____



6. **Has your child stayed away from home by him/herself before** (as in a holiday or friend's place)? **If "Yes", for what length of time?**
Does your child suffer from home sickness – (comments please)

7. **Any other information we need to know that you think will help your child achieve a happy and successful camp experience:**

Child T-Shirt Size: (please circle one) **6 8 10 12 14 16**

Please indicate your nearest main centre for Travel arrangements:

<input type="checkbox"/> Kaitaia	<input type="checkbox"/> Whangarei	<input type="checkbox"/> Auckland	<input type="checkbox"/> Hamilton
<input type="checkbox"/> Tauranga	<input type="checkbox"/> Rotorua	<input type="checkbox"/> Gisborne	<input type="checkbox"/> Napier
<input type="checkbox"/> New Plymouth	<input type="checkbox"/> Palm. North	<input type="checkbox"/> Wellington	<input type="checkbox"/> Nelson
<input type="checkbox"/> Greymouth	<input type="checkbox"/> Christchurch	<input type="checkbox"/> Queenstown	<input type="checkbox"/> Dunedin
<input type="checkbox"/> Invercargill	<input type="checkbox"/> Other: _____		

1) I confirm that (name) _____ is aged between 8 years and 12 years as at 01/01/11 and is a child with a heart condition. I will provide a medical certificate to this effect, at my own cost. I also confirm that I am authorized to give consent for _____ to attend camp.

Parent/Caregiver Name

Parent/Caregiver Name

Date

2) Photos from this camp are often used for ongoing publicity and awareness promotions. We trust that you are comfortable with this. Also these photos may be passed on in fundraising applications to assist Heart Children NZ in its ongoing services.

Permission for use of photographs given:

Parent/Caregiver Name

Parent/Caregiver Name

Date

(Photos are **NOT** to be used of my child: _____ signature)

**This form is to be returned to HCNZ by
5pm on the 27th August 2010**

P.O. Box 108 034, Symonds Street, Auckland 1150

or

Fax: 09 377 9954