



BURN SUPPORT GROUP SUMMER CAMPER APPLICATION 2025

Friday 17 January – Tuesday 21 January 2025

Lakewood Lodge
585 Glen Murray Road, RD 2, Huntly

Campers Name: _____ **Nickname: (if any):** _____

Male ☐ **Female** ☐

Postal Address:

Email Address: _____ **@** _____

Date of Birth: ____/____/____ **Age:** at commencement of camp _____

Has your child ever attended camp before? YES ☐ NO ☐

Camp AWHI? YES ☐ NO ☐

Is your child a competent swimmer? YES ☐ NO ☐

If **NO** are you happy for your child to enter the water supervised? YES ☐ NO ☐

Do you require flights to Auckland? YES ☐ NO ☐

Which Airport do you want us to book your flights from? _____

Once your application is submitted all flight costs will be covered by the Burn Support Group, however it is to be understood that if the ticket is not used as stated on the date, the full amount of the ticket cost is to be reimbursed to the Burn Support Group by the parent/guardian who has signed the application.

Name of Parent/Caregiver

Signature

Date



CONTACT DETAILS:

Name of Parent or Guardian: _____

Home Phone Number: (____) _____

Work: (____) _____

Mobile: (____) _____

EMERGENCY CONTACT:

Name: _____

Phone Number: (____) _____

EMERGENCY TREATMENT RELEASE:

I hereby authorise the medical personnel chosen by the Burn Support Group Charitable Trust to secure and administer treatment for my child in the event of a medical emergency.

This treatment may include, but may not be limited to: X-Rays, routine tests and other necessary treatment or special transportation.

Parent/Guardian

Signature: _____

Date: ____/____/____

T-shirt size (**circle one**) XXL, XL, Large, Medium, Small

Transport details and gear list will be forwarded to you with confirmation of your child's acceptance.



HEALTH CARE INFORMATION

Campers Name: _____

Date of Burn Injury: ____/____/____

Age when Burned: ____

Percentage of body burned ____%

Are burns visible: YES ☐ NO ☐

Cause of burn injury: _____

Does your child have any physical or mental limitations, particular fears or nervous habits that we should be aware of? NO ☐ If YES ☐, what are they?

Will your child be wearing pressure garments at the time of camp? NO ☐ If YES ☐, which pieces?

Can they put them on unaided? YES ☐ NO ☐

Will your child be wearing a dressing at the time of camp? YES ☐ NO ☐

If so, please send enough for the duration of camp.

Does your child require a special diet? YES ☐ NO ☐

If so, please provide details: (attach a separate sheet if more room is needed)

Does your child suffer from any allergies? YES ☐ NO ☐

If so, please list them (attach a separate sheet if more room is needed)

How does the allergy affect your child?

How is your child treated for this allergy?



Does your child take any medication?

NO ☐ YES ☐ If yes please fill out the following:

Name of medication:

When does child take this medication?

Dosage amount:

Special Instructions:

Name of medication:

When does child take this medication?

Dosage amount:

Special Instructions:

Can't wait to see you at camp 😊



PERMISSION SLIP FOR PHOTOS OF YOUR CHILD

Burn Support Group Charitable Trust Inc, would like your permission to use your child's pictures on our website, in our newsletter or on our bulletin board.

We will never sell these pictures; we will use them exclusively for Burn Support Group Charitable Trust purposes.

Please take a moment to let us know your preferences regarding our use of photos of your children:

YES ☐ I grant you permission to use photos of my child on Burn Support Group Charitable Trust Inc website, Bulletin board and/or newsletter.

-- OR --

NO ☐ Please do NOT take or use any photos of my child

Campers Name: (PLEASE PRINT):

Parent/Guardian's Name: (PLEASE PRINT):

Parent/Guardian's Signature:

Date: ____/____/____



Policies

1. Changes to Camper/Leaders whereabouts should be made known to the Burn Support Group Administration at all times.
2. All policies/procedures as set down by Camp Directors shall be adhered to at all times.
3. Be familiar with each day's agenda at the beginning of each day. It will be Camper/Leader/Support Volunteer Parent responsibility to get to all events and activities on time.
4. Be respectful and thoughtful in your comments regarding other staff and campers. Never say anything derogatory about other people. Respect the privacy of others.
5. Guests may not be invited without prior approval of the Burn Support Group Administration.
6. All people attending camp will not possess or use any alcoholic beverage or illegal substances during camp.
7. Although we do not ban laptops, electronic games, phones or any other electronic device that can be used for entertainment purposes, please make sure you are using them sparingly and only in allowed time frames.
8. As the Parent/Guardian, you give your consent for your child to attend Winter Camp with the knowledge there is to be vaccinated and unvaccinated attendees.

YES ☐ NO ☐

9. Campers are not to leave their group unattended, unless a substitute supervisor has been arranged with the Burn Support Group Administration.
10. Meal times as set by Camp Directors will be adhered to. There will be no late meals served.
11. **Campers:** Must not leave the sleeping area after lights out unless accompanied by an adult supervisor.

Note: Any camp attendee who fails to abide by the rules and regulations set forth herein, will be asked to leave the camp. Any extra costs incurred by BSG because of this failure will be reimbursed to BSG by the camp attendee or responsible adult, whichever is more appropriate.

Sign below to confirm that you have read fully and agree to the above rules and regulations:

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