



12<sup>th</sup> June 2018

Dear Parent/Caregivers,

The timetable for the 2019 camp is now finalised and we look forward to welcoming all our old and new attendees.

Following on from the 2018 camp's restructure and the feedback from parents and children; the Burns Support Group Board have noticed the increase in numbers of attendees and have taken these factors into consideration. As always the main focus for camp is the children's wellbeing and development.

As a result, parent participation will be limited. With this in mind, we strongly encourage children 10 years and over to attend camp unaccompanied. We are extremely fortunate to have a valued support team of leaders and volunteers.

As always, the activities have been outlined to focus on the children developing independence, confidence and self-esteem with the encouragement and support of their peers.

Part of the programme for Mountain Valley Camp 2019 includes the following activities which we seek your permission for, due to health and safety purposes.

- White Water Rafting session with experienced instructors
- Pistol shooting with experienced instructors
- For 14+ year olds – Clay shooting with experienced instructors

Please tick the appropriate box, sign the permission slip and return with your camp application as soon as possible or by 30<sup>th</sup> September 2018 to guarantee your child's place on camp.

Yours sincerely,

Michele Henry  
Event Co-ordinator/Administration

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Permission is given for \_\_\_\_\_ to participate in the abovementioned activities.

\_\_\_\_\_  
Name of Parent/Caregiver

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## BURN SUPPORT GROUP CAMPER APPLICATION 2019

**Friday 18 January to Tuesday 22 January 2019**

**Mountain Valley Camp, 408 McVicar Road, RD 2, Napier**

**Campers Name:** \_\_\_\_\_ **Nickname: (if any):** \_\_\_\_\_

**Male**  **Female**

**Postal Address:**

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**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?** \_\_\_\_\_



**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:

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When does child take this medication?

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Dosage amount:

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Special Instructions:

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Name of medication:

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When does child take this medication?

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Dosage amount:

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Special Instructions:

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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):

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

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**Parent/Guardian's Signature:**

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**Date:** \_\_\_/\_\_\_/\_\_\_



## Policies

1. Changes to Camper/Parent whereabouts should be made known to the BSG Mountain Valley Camp Event Coordinator 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/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 BSG Mountain Valley Camp Event Coordinator.
6. All people attending camp will not possess or use any alcoholic beverage or illegal substances during camp.
7. There is to be NO smoking, at any time, by anybody, during camp.
8. 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.
9. Parents who attend will be expected to participate or assist with activities as directed.
10. Those attendees who are responsible for a group of campers are not to leave their group(s) unattended, unless a substitute supervisor has been arranged with the BSG Mountain Valley Camp Event Coordinator.
11. Meal times as set by Camp Directors will be adhered to. There will be no late meals served.
12. Lights out – **Parents:** If you do feel like talking with other adults, please make sure you are away from the sleeping area. See point (10). **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:** \_\_\_/\_\_\_/\_\_\_