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ABN: 30 663 858 205



Commerce Students' Society

Orientation Camp 2012

Friday 24th Feb to Sunday 26th Feb

Release Form

I, _____, am fully aware of the activities that the 2012 Commerce Students' Society (CSS) camp incorporates, which includes the consumption of alcohol and understand that the CSS will not be held responsible for any injury or death that occurs to myself on or for the duration of the camp.

_____/_____/2012
Signed Date

Emergency Contact/Medical Details:

Contact 1

Name: _____
Relationship: _____
Address: _____
Contact Number: _____

Contact 2

Name: _____
Relationship: _____
Address: _____
Contact Number: _____

Medicare Number: _____
Private Health Insurance: _____ Y / N
Fund: _____
Membership Number: _____

Dietary Requirements:

Vegetarian: _____ Y / N
Special Dietary Needs: _____

Medications being taken/dosage: _____

Do you suffer from: ASTHMA Y / N
 EPILEPSY Y / N
 DIABETES Y / N

Please list and provide details of CURRENT MEDICAL CONDITIONS, ALLERGIES (level of reaction and treatment required), recent or pre-existing injuries, surgical procedures or any condition that could affect you at camp:

