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ABN: 30 663 858 205



Commerce Students' Society

Orientation Camp 2012

Friday 24th Feb to Sunday 26th Feb

Release Form

To be completed by a Parent/Guardian:

I, _____, the parent/guardian of _____ am fully aware of the activities that my daughter/son will partake in on the 2012 Commerce Students' Society (CSS) orientation camp. This incorporates the consumption of alcohol and I understand that the CSS will not be held responsible for any injury or death that occurs to _____ 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:

