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Government



Chronic Illness Peer Support

Centre for Adolescent Health
2 Gatehouse St, Parkville
Victoria, Australia 3052
Telephone 61 3 9345 6616
Facsimile 61 3 9345 6534

CHIPS CAMP 2009

INFORMATION



*****Camp Dates – Wednesday 14th – Friday 16th January, 2009*****



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-Camp Information Sheet-

WELCOME

Greetings from Camp Committee and welcome to ChIPS Camp 2009. The steps you need to take to attend the 2009 camp are as follows:

- Read this info kit very carefully
- **Complete all forms and return to the ChIPS office as above by *WEDNESDAY 10th DECEMBER*. Your booking to attend camp is only confirmed when we receive these forms. We will NOT chase you for these forms.**
- You will be contacted to make an appointment to be medically assessed by the camp medical staff in January prior to the camp.
- Then come to the camp (follow the rules, give things a go) and have a BLAST!!!

THE CAMP STAFF

The camp staff are all employees and volunteers from the Centre for Adolescent Health or the Royal Children's Hospital. The camp will be staffed by three registered nurses, two doctors, ChIPS Program staff and volunteers who have had previous involvement in ChIPS social events.

THE CAMP CHALLENGE

We will have a competition theme throughout the three days of the camp. To this end, camp members will be placed in teams with a team leader (staff member) and a team captain (ChIPS peer leader). The teams will be challenged in many ways over the two days and one team will emerge victorious to hold aloft the Walsh Shield for 2009.

EXPECTATIONS

Many things on this camp will be negotiable. However there are a number of things that all members must be involved in and respect:

- It is expected that ALL camp members will assist with the preparation and cleaning up of meals.
- Campers are responsible for their sleeping areas and cleaning their cabins.
- Campers will assist staff members if asked to do so.
- There are a number of Camp Regulations on the following pages. These will be strictly adhered to for the safety of all camp members.

CAMP DETAILS

The Camp is situated at: ***Camp Waratah Bay***
30 Gale Street, Waratah Bay VIC 3959
Ph: (03) 5684 1426
Fax: (03) 5684 1193

(Approx 190 km from Melbourne)

If contact needs to be made with any camp members during the camp, call the ChIPS mobile on 0438 155 527 or the campsite as above.



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What to bring...

- ❖ *****MEDICATIONS (ENOUGH FOR 4 DAYS) *****
(Ready to hand in to staff prior to leaving on the bus)
- ❖ Clothes (2 changes at least, suitable for both hot and cold weather)
- ❖ Any medical equipment needed by yourself during the camp.
- ❖ Footwear (at least 2 pairs with one suitable for walking)
- ❖ Towel (for both showering and swimming)
- ❖ Sunscreen
- ❖ Toiletries (toothbrush, toothpaste, soap, deodorant, etc)
- ❖ Bathers (there is a pool and we will go to beach one day)
- ❖ Hat
- ❖ Backpack
- ❖ Torch and batteries
- ❖ Sleeping bag, Pillow, pillow case and **fitted sheet** (a must)
- ❖ Pillow case
- ❖ Drink Bottle (this is a must have! Call ChIPS office for details if it's a difficulty)

Optional Items

- ❖ Walkman/Discman/Ipod/MP3
- ❖ Camera
- ❖ Snack food
- ❖ Sunglasses
- ❖ Goggles
- ❖ Rashy (sun protective swimming top)
- ❖ **THESE ITEMS ARE BROUGHT AT YOUR OWN RISK, WE WILL NOT BE RESPONSIBLE FOR LOSS OR DAMAGE.**

ITEMS NOT REQUIRED

- ❖ Money definitely not needed
- ❖ Mobile phones will not be permitted during the camp...**but...**

Mobile phones will be collected and held by staff and given back on bus home so that you can let parents know how far away/how long you are going to be



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Camper Registration Form



Name: _____

Address: _____

_____ P/C _____

Phone Numbers: Home: _____

Work: _____

Mobile: _____

Email: _____

Accommodation request

In an attempt to accommodate people with at least one person that you know, please list two of your friends from ChIPS (that maybe attending the camp) in the space below.

Payment Preferences:

I have chosen to pay \$100 by:

- Cheque made out to "RCH Foundation, Centre for Adolescent Health – ChIPS Camp"
- cash given directly to ChIPS Program

Please note that a cheque is preferred. Receipts will be issued upon payment.

***If payment is difficult, please call Kristen on 9345 6616 and alternatives can be considered.



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Medical Form



Name: _____

Age: _____

D.O.B _____

Doctor in Charge of your Medical care: _____

Phone Number: _____

Hospital you usually are admitted to: _____

Medicare Number: _____

Allergies: _____

Medical Condition(s) (Current) _____

Medical Condition(s) (Past): _____

Date of Last admission to hospital __ / __ / __

Medications

name	dosage	frequency and/or time	tablet/injection/spray etc	administer self or doc

comments: _____



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Previous adverse reaction(s) to medication: _____

Attach medical plan if you have one.

Have you attended the ChIPS Camp before? Yes No

If yes? What assistance did staff provide you with? _____

What do you think your needs will be for this camp? (What do you anticipate you will need help with during camp?)

Are there any other factors (medical, health, personal, other) that might affect your participation on the camp?

Yes

No

If so please specify: _____

Special Requests/Dietary needs _____

Please indicate your swimming ability:

Unable to swim Fair Good Excellent

Please indicate your general fitness level:

Poor Fair Good Excellent



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***Parent or Guardian Authority
(if you are under 18 years)***



I, _____ being the
(Parent/Guardian)

parent or guardian of _____ hereby
(Young person's name)

give permission for a Medical Officer or Staff Member acting under his/her direction, to give medical treatment to my child named above.

In the event of an emergency, when I am unable to be contacted, I give permission for the medical treatment, including surgical treatment and anaesthetic, of my child.

I have read and understood the information describing the program and willingly agree to my son/daughter participating. The information provided above is true and accurate to the best of my knowledge.

Signed: _____

Name (Printed) _____ **Date:**

Emergency contact details during camp:

1. **Name (printed)** _____
Relationship _____
Contact Numbers (BH) _____
(AH) _____
Mobile(s): _____

2. **Name (printed)** _____
Relationship _____
Contact Numbers (BH) _____
(AH) _____
Mobile(s): _____



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Camper Consent form *(if you are 18 years or older)*



I, _____ hereby
(Young person's name)
give permission for a Medical Officer or Staff Member acting under his/her
direction, to give me medical treatment.

In the event of an emergency, I give permission for the treatment, including
surgical treatment and an anaesthetic. However, please inform the below
emergency contacts of any treatment occurring as soon as possible.

I have read and understood the information described the program and
willingly agree to participating. The information provided above is true and
accurate to the best of my knowledge.

Signed: _____

Name (Printed) _____ **Date:**

Emergency contact details during camp:

1. **Name (printed)** _____
Relationship _____
Contact Numbers (BH) _____
(AH) _____
Mobile(s): _____

2. **Name (printed)** _____
Relationship _____
Contact Numbers (BH) _____
(AH) _____
Mobile(s): _____



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Camper Agreement



Camper's Full Name:

For the purpose of the Camper agreement forms any individual who lives with their parents or guardian must have the following forms signed by themselves as well as their parent/guardian.

Camper Regulations

To ensure we all have a clear understanding of the behaviour that is expected whilst at camp, we ask that all campers and staff abide by the following camp regulations.

- I agree and understand that there is to be no alcohol at the camp. Anyone found with alcohol will be placed in a taxi and returned home at their expense.
- I agree and understand that the camp is strictly non-smoking. Anyone found with cigarettes or matches will be placed in a taxi and returned home at their expense.
- I agree and understand that the camp is strictly drug free (medication excepted). Anyone found with any drugs other than their specific medication will be placed in a taxi and returned home at their expense.
- I agree to remain inside the specified camp boundaries at all times unless accompanied by a staff member.
- I agree to respect the property of the camp and others.
- I agree not to go into the dormitories of campers, other than my own, unless invited by the occupants of that room.
- I agree to do my share in the preparation of meals and cleaning up after meal times.
- I agree to be quiet in the dormitories, with the lights out at the end of each day, at the time announced by the Camp Director.
- I take full responsibility for any personal items that may be lost/stolen/damaged. (It is recommended that you do not bring anything other than items listed on the "what to bring" form).

I agree to the above camp regulations.

Signed _____ Camper Date _____

Signed _____ Parent/Guardian Date _____



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Media Release Form



In seeking sponsorship for the camp, we have also sought media exposure. In the event that the camp should receive some publicity we require your consent to allow publication of your photograph or other details that may identify you.

As you may know, ChIPS puts out four newsletters and a magazine each year. We also get regular requests for "photos of young people" from areas within the Centre for Adolescent Health.

Camp Waratah Bay maintains a website and produces other paraphernalia advertising their campsite. They may wish to use photos of the ChIPS camp in this way.

Camper Consent

(please circle one)

I do/do not give consent to be identified, by name or photograph, in any media coverage of the ChIPS Camp, and in the production of ChIPS or Camp Waratah Bay material.

Name of Camper _____

Signature of Camper _____

Date: ____/____/____

Parent/Guardian Consent (if under 18 years)

(please circle one)

I do/do not give consent for my child _____ to be identified, by name or photograph, in any media coverage of the ChIPS Camp, and in the production of ChIPS or Camp Waratah Bay material.

Name of Parent/Guardian _____

Signature of Parent/ Guardian _____

Date: ____/____/____



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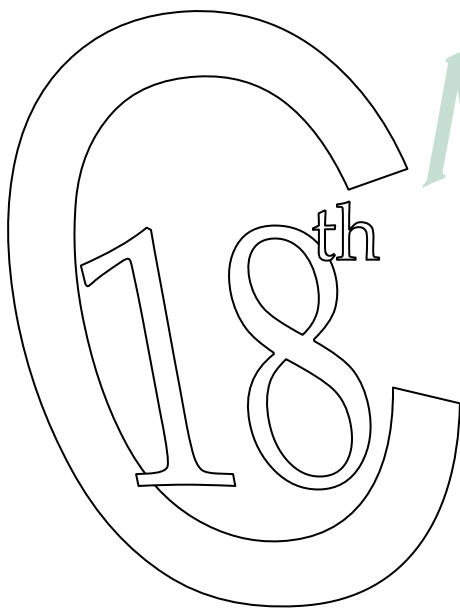
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FOR CAMP 2009, YOU WILL NEED TO BRING AN OUT
FIT REPRESENTING THE 1770'S.

In order to succeed in your task ahead you must be in
full costume. Not showing up with a costume it will
dampen your team spirits and will forbid your team
from being awarded the GOLDEN PRIZE!



Be FUN, be CREATIVE and let your old

FASHIONS FLARE!

If you have any difficulties in acquiring a costume
please don't hesitate to call charlotte 0439 568 841
or felipe 0400 830 785

