

TEMPLE CHRISTIAN COLLEGE  
CONSENT FORM FOR YEAR 12 RETREAT CAMP

I, \_\_\_\_\_ the parent/guardian of  
\_\_\_\_\_, give consent for my son/daughter  
to participate in the 2014 Year 12 Retreat Camp.

I acknowledge that Temple College Staff will access the medical information I have supplied to Venture Corporate Recharge and I authorise Temple College Staff to administer necessary medication, call for medical assistance and organise for my child to be transported by ambulance to hospital if necessary.

I agree with the behaviour expectations outlined by Temple Christian College and agree that if my child does not adhere to these, I will collect him/her from Woodhouse Activity Centre if requested.

I acknowledge that Temple Christian College will access the Emergency Contact details I have supplied to Venture Corporate Recharge.

Signed \_\_\_\_\_ Date \_\_\_\_\_