|  |  |  |
| --- | --- | --- |
| C:\Users\bgcje\Documents\Bruce's Stuff\Rotary\Calperum\Health of River\2020 HOTR\HOR_D9510_Logo (1).jpeg | **The ROTARY*****‘HEALTH OF THE RIVER*’ FORUM 2020** | **D:\Bruce's Stuff\Rotary 1\Calperum\Health of River\Calperum Connect_LOGO_V5_20190325.tif** |

**Student Nomination Form**

|  |  |
| --- | --- |
| ***Student’s Name*** |  |
| ***Contact email*** |  |
| ***Student Address*** |  |
| ***Year Level & Gender*** | ***Yr.9 / Yr.10 (Circle one) Male / Female/ Other (Circle one)***  |
| ***Date of Birth*** |  |
| ***Contact Parent’s name*** |  |
| ***Contact phone*** |  |
| ***Contact Parent’s email*** |  |
| ***Student’s School Name*** |  |
| ***School Contact’s Name and phone number*** |  |
| ***School Contact’s email*** |  |

***Please forward this nomination form to the sponsoring Rotary Club as soon as possible.***

***The closing date is the 28th August, 2020***

***Please also email a copy to the HOTR Convener (as below) with name & contact details to enable us to track your nomination.***

|  |  |
| --- | --- |
| **NAME OF SPONSORING ROTARY CLUB:** | **NAME OF ROTARIAN CONTACT:** |
| **ROTARIAN PHONE CONTACT:** | **ROTARIAN E-MAIL CONTACT:** |

***Sponsoring Rotary clubs must return this form, the medical consent form and include a one page “Expression of Interest” statement to the convenor by August 28th. An invoice for $590 per student will be issued to the sponsoring club after nominations are received and confirmed.***

*PARENT, ROTARY AND SCHOOL CONTACTS ARE ADVISED THAT THE PREFERRED METHOD OF CONTACT IS BY E-MAIL.*

**All replies should be directed to:** **healthoftheriver@rotary9510.org** **OR by post to** **HOTR Convenor, Level 3, 97 Pirie Street, Adelaide, SA 5000 (Ph: 0414 645 402**

**Rotary *Health of the River Forum 2020***

**medical form authority & consent statements**

|  |  |
| --- | --- |
| **Student’s name** |  |
| **AdDress** |  |
| **PARENT’S /GUARDIAN’S NAME** |  |
| **RELATIONSHIP** |  |
| **PHONE CONTACT** |  |
| **ALTERNATE PHONE CONTACT** |  |

***MEDICAL STATEMENT***

**Please tick the boxes beside the appropriate paragraph(s) below.**

|  |
| --- |
|  |

I certify that my child does not, to the best of my knowledge, suffer from any medical condition, illness or disabilities, which might predispose my child to a potential risk leading to a medical emergency.

**OR**

|  |
| --- |
|  |

I give notice that my child may require medical attention or medication for the following reasons (as described below) but he/she is currently of stable health.

**AND**

|  |
| --- |
|  |

I give permission for an ambulance to be called in case of a medical emergency affecting my child and agree to pay all costs incurred, if required.

|  |  |
| --- | --- |
| **PRESCRIBED & NON PRESCRIPTION MEDICATION:** |  |
| **DOSAGE:** |  |
| **DIETARY CONCERNS:** Provide details of any requirements. |  |
| **TREATMENT:** Describe any actions required if allergic reactions occur. |  |

***Please note that any participant found with illicit drugs, alcohol or tobacco products on camp or behaving inappropriately will be immediately removed from camp and parents will be contacted to collect their child from the camp site.***

|  |  |
| --- | --- |
| I, as legal guardian of the named child declare that I have read the letter of invitation and give my consent to my child’s participation in all activities and travel related to the Rotary Health of the River Forum organised by Rotary District 9510 Calperum and the Environment Committee. | **PARENT/GUARDIAN’S SIGNATURE** **DATE:** |
| I give permission for photographs to be taken at the Forum, and then used, without identification, on the forum’s website, Facebook page or on other promotional material prepared by Rotary or the ALT Calperum Station website. | **PARENT/GUARDIAN’S SIGNATURE** **DATE:** |

*Please forward this form, with the Nomination Form to your local Rotary club. All forms,* ***including*** *a one page “Expression of Interest” statement by the student, must be sent to your sponsoring Rotary Club and after club endorsement, copies are to be sent to the Convenor via email to* *healthoftheriver@rotary9510.org*