



Form 3A

SIGN & RETURN

Burns Support Foundation Inc.

Po Box 476
Paddington NSW 2021

Telephone: 0438 906 617

Email: info@burnssupportfoundation.org.au

Registered Charity: CFN 13805

ABN 587 945 109 47 | Y 203 4844

SUPERVISION DURING PARENT GROUPS

I/WE (NAME) _____

request the BSF Committee to supervise my child/children at the scheduled activities while I/we (Parents/Carers) attend the Parents Group Session with Sandra from 9am to 11:30am on Saturday 18th November 2017.

I confirm that I will collect my children immediately after this session;

- a) I acknowledge that at **ALL** other times during the camp, I am fully responsible for the supervision and safety of my children. This includes **ALL** activities, meal times and during free times.
- b) Your child/children CAN NOT remain in a group activity without at least ONE of the Parents/Carer present. In no way are BSF or Venue Staff responsible for your child and their safety.
- c) **Stranger Danger:** Parents are reminded that even though we are at a campsite, they need to look after their own children. Parents **should not assume** that people walking around the site do not pose a threat to their children. Therefore careful supervision is important at all times especially when children are playing outside. The campsite and the **BSF take NO RESPONSIBILITY** for the safety of children **EXCEPT** during the time that parents are attending the facilitated parents group (approximately 2 hours duration on Saturday morning)
- d) If the Parents/Carers wish to leave the campsite, they must take **ALL FAMILY MEMBERS** with them. Please inform your Team Leader and Camp Coordinator prior to leaving the site and upon your return.
- e) **Meal times:** To prevent any injuries, we ask that children are supervised during all meal times. This will ensure minimal risk of a burn from the hot food & drinks.
- f) **Wildlife.** It should be remembered to take adequate care and be watchful of wildlife such as snakes, spiders, etc...

I have read and understood the foregoing Supervision of Children rules.

Name of Parent/Carer: _____

Signature: _____ Date: _____

Form 3



*PLEASE READ &
KEEP THIS FORM*

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NB...BRING THIS FORM WITH YOU FOR EASY REFERENCE TO THE RULES