



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 19th May 2018.

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