

Confidential Medical Information for School Council Approved Excursions

The school will use this information if your child is involved in a medical emergency. All information is held in confidence. The medical information on this form must be current when the excursion/program is run.

Parents/Carers are responsible for all medical costs if a student is injured on a school approved excursion unless the Department of Education and Training is found liable (liability is not automatic). Parents/Carers can purchase student accident insurance cover from a commercial insurer if they wish to.

Name of Camp: 2023 Year 07 Camp

Student's full name:

Student's address:	Postcode:
--------------------	-----------

Date of birth:	Year level:
----------------	-------------

Parent/Carer's full name:
Emergency telephone numbers: After hours: Business hours:

Name of person to contact in an emergency (if different from the parent/guardian): _____
Emergency telephone numbers: After hours: Business hours:

Name of family doctor: _____
Address of family doctor:
Phone number:

Medicare number:

Medical/hospital insurance fund:	Member number:
----------------------------------	----------------

Ambulance subscriber? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, ambulance number:

Is this the first time your child has been away from home? Yes No

Please tick if your child is living with any of the following health conditions:

- Asthma (if ticked complete Asthma Management Plan)
- Anaphylaxis (if ticked review and update the Individual Management Plan for the camp or excursion)
- Bed wetting
 Blackouts
 Diabetes
 Dizzy spells
 Migraine
- Heart condition
 Sleepwalking
 Travel sickness
 Fits of any type
- Other: _____

Swimming ability

Please tick the distance your child can swim comfortably.

- Cannot swim (0m) Weak swimmer (<50m) Fair swimmer (50-100m)
- Competent swimmer (100-200m) Strong (200m+)

Allergies

Please tick if your child is allergic to any of the following:

- Penicillin Other Drugs: _____
- Foods: _____
- Other allergies: _____

What special care is recommended for these allergies? _____

Year of last tetanus immunisation: _____

(Tetanus immunisation is normally given at five years of age (as Triple Antigen or CDT) and at fifteen years of age (as ADT))

Special Food Requirement

- Vegetarian Other _____
- Halal

Medication

Is your child taking any medicine(s)? Yes No

If yes, provide the name of medication, dose and describe when and how it is to be taken.

All medication must be given to the teacher-in-charge. All containers must be labelled with your child's name, the dose to be taken as well as when and how it should be taken. The medications will be kept by the staff and distributed as required. Inform the teacher-in-charge if it is necessary or appropriate for your child to carry their medication (for example, asthma puffers or insulin for diabetes). A child can only carry medication with the knowledge and approval of both the teacher-in-charge and yourself.

Medical consent

Where the teacher-in-charge of the excursion is unable to contact me, or it is otherwise impracticable to contact me, I authorise the teacher-in-charge to:

- Consent to my child receiving any medical or surgical attention deemed necessary by a medical practitioner.
- Administer such first-aid as the teacher-in-charge judges to be reasonably necessary.

Signature of parent/carer (named above): _____

Date: _____

The Department of Education and Training requires this consent to be signed for all students who attend government school excursions that are approved by the school council.

Note: You should receive detailed information about the excursion/program prior to your child's participation and a Consent form. If you have further questions, contact the school before the program starts.