

## 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. This medical form must be current when the excursion/program is run.

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

Excursion/program name: **Camp Adanac**  
Date(s): **April 18th – 20th 2016**

Student's full name:

Student's address:

Postcode:

Date of birth:

Year level:

Parent/guardian's full name:

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:

Medicare number:

Medical/hospital insurance fund:

Member number:

Ambulance subscriber?  Yes  No If yes, ambulance number:

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

**Please tick if your child suffers any of the following:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Asthma (if ticked complete Asthma Management Plan) | <input type="checkbox"/> Blackouts       | <input type="checkbox"/> Diabetes         |
| <input type="checkbox"/> Bed wetting  | <input type="checkbox"/> Heart condition | <input type="checkbox"/> Migraine         |
| <input type="checkbox"/> Dizzy spells                                       | <input type="checkbox"/> Travel sickness | <input type="checkbox"/> Fits of any type |
| <input type="checkbox"/> Sleepwalking                                       |  |   |

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))

**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/guardian (named above) \_\_\_\_\_

Date: \_\_\_\_\_

The Department of Education and Early Childhood Development 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 Parent Consent form. If you have further questions, contact the school before the program starts.