

CAMP MEDICAL/DIETARY INFORMATION AND CONSENT FORM

This form is intended to be used to assist the college in the case of any medical treatment required or medical emergency involving a student on camps, sports and all outdoor adventure activities.

A copy of each student's form must be taken on the camp/excursion, as well as a copy provided to the administration office.

The information collected will be held at your child's school/camp and will be made available to staff of the school and to medical or paramedical staff in the case of an accident or emergency. The information contained in the form is personal information and it will be stored, used and disclosed in accordance with the requirements of the *Privacy Act 1998(Cwth)*. Parents/carers note that in the absence of an Emergency Treatment Plan only standard First Aid should be administered.

Student's Name: Date of Birth: Sex: M F

Parent/Guardian:

Address:

Contact Telephone - Business Hours:..... After Hours..... Mobile:

Other Contact for Emergency: Telephone No:

Name of Student's Doctor: Telephone No:

Medicare No: Private Health Fund: Membership Number.....

Ambulance Fund:.....NOTE: Parents are responsible for ambulance costs

Please tick if your child suffers any of the following:

- | | | | | |
|---|---|--|--|---|
| <input type="checkbox"/> allergies | <input type="checkbox"/> blood pressure | <input type="checkbox"/> epilepsy | <input type="checkbox"/> hayfever | <input type="checkbox"/> nose bleeds |
| <input type="checkbox"/> anaphylaxis | <input type="checkbox"/> diabetes | <input type="checkbox"/> fainting | <input type="checkbox"/> headaches | <input type="checkbox"/> reaction to drugs |
| <input type="checkbox"/> asthma | <input type="checkbox"/> eczema | <input type="checkbox"/> fits or blackouts | <input type="checkbox"/> heart condition | <input type="checkbox"/> sight/hearing problems |
| <input type="checkbox"/> sun screen sensitivity | | | | |

other -

If you have ticked any of the boxes above an Emergency Action/Treatment Plan must be provided. Proforma Plans are available from the school. *NB. Without an Emergency Action/Treatment Plan the school can only provide first aid treatment.*

Date of last tetanus injection:

Has the student suffered from any acute illness or injury or been treated by a medical practitioner for an illness or injury during the last 4 weeks? Yes No

If YES, please state nature of illness/injury and obtain a report from the doctor that the student is fit to undertake the

camp/excursion.....

Is the student presently taking any medication? Yes No

If YES, please state name of medication, dosage, etc:.....

Does the student require specific dietary needs? i.e. Gluten free, vegetarian etc. Yes No

If YES, please provide information regarding the specific dietary requirements.

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Please provide any other additional information which may further assist staff during camp, i.e. Bed wetting, sleep walking etc.

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The teacher in charge must be informed about the management of any medication prior to leaving on an excursion. Arrangements need to be agreed on the transport, storage and administration of medication. In all cases medication must be labelled with the students name, dosage and frequency of administration.

I consent to my child receiving paracetamol for temporary pain relief? Yes No

Are you aware of any physical or psychological limitations of your child? Please give details.

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Is there any other information, which you believe may help us to provide the best possible care?

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Consent to medical attention. In the case of my child requiring medical treatment on camp or in the case of a medical emergency, I consent to the school providing first aid or treatment as outlined in an emergency action/treatment plan and I further authorise the school, where it is impracticable to communicate with me, to arrange for him/her to receive such medical or surgical treatment as may be deemed necessary. I also undertake to pay any costs which may be incurred for the medical treatment, ambulance transport and drugs.

Signed: Parent/Carer Date: