

Melba College Camps and Excursions

Appendix E:

First Aid Checklist for Excursions and Camps



BELOW TO BE COMPLETED BY STAFF EXCURSION/CAMP CO-ORDINATER

Excursion/Camp:	Medical Confidentiality Form Completed for all Students: Y/N
Location:	Medical Confidentiality Forms Submitted to School Nurse: Y/N
Date/s:	Payment Received for All Students: Y/N
Transport:	Student Year: Number of Students:
Departure Time: Arrival Time:	Number of Isolated Groups:
Staff Coordinating :	First Aid Officer/s:
Mobile Phone & Contact Number:	Activities:
Risk Assessment Complete:	
Principle Approval:	

Print Name:	Signature:
-------------	------------

BELOW TO BE COMPLETED BY SCHOOL NURSE

Equipment and Supplies

First Aid Kit No.	Adrenaline Auto Injector Name /No.	Emergency Asthma Kit No.	Allergy Medication	First Aid IPAD

First Aid and Current Training

Name	CPR	First Aid	Anaphylaxis	Asthma	Diabetes	Other

PRINT NAME:	SIGNATURE:
-------------	------------

Name:	Sign out:	Name:	Sign In:
-------	-----------	-------	----------