

APPENDIX I: CONFIDENTIAL MEDICAL INFORMATION FOR CAMPS AND ACTIVITIES

CONFIDENTIAL MEDICAL INFORMATION

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 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 can purchase student accident insurance cover from a commercial insurer if they wish to.

Excursion/program name:	Teacher to fill this in
Date(s):	Teacher to fill this in

Student's full name:

Student's address:	Postcode:
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Date of birth:	Year level:
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Parent/guardian's full name:	
Emergency telephone numbers: <i>After hours</i>	<i>Business hours</i>

Name of person to contact in an emergency (if different from the parent/guardian):	

Emergency telephone numbers: <i>After hours</i>	<i>Business hours</i>

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

Medicare number:

CAMPS AND ACTIVITIES POLICY

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Medical/hospital insurance fund:	Member number:
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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 Seizure of any type
- Other: _____

Swimming ability

- Cannot Swim**
unable to swim
little or no experience floating
little or no experience in water, including in shallow water.

Please tick the distance your child can swim comfortably.

- Beginner swimmer**
little or no experience, including in shallow water, and unable to swim more than 25 metres.
- Basic swimmer**
basic skills, able to swim 25 metres with a recognisable stroke.
- Intermediate swimmer**
able to swim 50 to 100 metres using two recognisable strokes and to demonstrate one survival stroke in deep water. Able to tread water for at least one minute
- Advanced swimmer**
able to easily swim more than 100 metres using a variety of recognisable strokes and to demonstrate survival strokes in deep water. Able to tread water for more than 5 minutes

Allergies

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

Penicillin _____

Other Medications: _____

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.

Student's Name	Medication	Time	Dose	Route	Other (e.g. with food)

All medication **MUST be** given to the teacher-in-charge.

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All containers **MUST be** labelled with your child's name, the dose to be taken as well as time 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 the Parent / Guardian.

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.

<p>Name of Parent / Guardian (Please Print):</p> <hr/>
<p>Signature of Parent / Guardian (named above)</p> <hr/>
<p>Date:</p> <hr/>

The Department of Education and Training requires this consent to be signed for all students who attend government school non-local excursions.

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.