

CONFIDENTIAL MEDICAL REPORT FOR SCHOOL CAMPS

This report is compiled to assist us, in case your child is involved in a medical emergency. All information is held in confidence, and these forms are destroyed after the camp. The 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.

Please complete and return as soon as possible.

CAMP NAME: Duke of Ed Adventurous Journey 2017

Student Details

STUDENT FULL NAME: _____

HG: _____ YEAR LEVEL: 9

HOME ADDRESS: _____

DATE OF BIRTH: _____

PARENT/GUARDIAN'S FULL NAME: _____

TELEPHONE AH: _____ BH: _____

Mobile: _____

Emergency Contact (Must be different to Parent/Guardian)

EMERGENCY CONTACT NAME: _____

TELEPHONE AH: _____ BH: _____ Mobile: _____

Other Details

FAMILY DOCTOR NAME: _____

FAMILY DOCTOR ADDRESS: _____

MEDICARE NO: _____

MEDICAL / HOSPITAL INSURANCE FUND YES NO

If YES, NAME: _____ No. _____

AMBULANCE SUBSCRIBER YES NO If YES, No. _____

Is this the first time your child has been away from home? YES NO

THE FOLLOWING INFORMATION IS ESSENTIAL.

PLEASE COMPLETE CAREFULLY AND BE SURE TO INFORM TEACHER-IN-CHARGE IF ANY INFORMATION CHANGES BEFORE THE CAMP/EXCURSION DATE.

Please tick if your child suffers any of the following:

Asthma (if ticked complete Asthma Management Plan)

Diabetes Dizzy Spells Heart Condition

Sleep walking Travel Sickness

Other: _____

Bed wetting Black outs

Migraine Fits of any type

Special Requests:

Does your child require a vegetarian meal(s)? YES NO
Does your child have any cultural/religious issues that may affect participation in any activity?

Detail: _____

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?

Has your child had a current tetanus immunisation? YES NO
If no, will a booster be arranged before camp/excursion? YES NO

Medication

Can your child be given pain relief eg. Panadol etc? YES NO
Is your child taking any medication? 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 PRIOR TO LEAVING FOR CAMP. ALL CONTAINERS MUST BE LABELLED WITH YOUR CHILD'S NAME, THE DOSE TO BE TAKEN AND WHEN IT SHOULD BE TAKEN. THIS MEDICATION 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 (eg. Asthma Puffers or Insulin for Diabetes). A CHILD CAN ONLY CARRY MEDICATION WITH THE KNOWLEDGE OF BOTH THE TEACHER-IN-CHARGE AND YOURSELF

Medical Consent

Where the teacher-in-charge of the camp 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 requires this consent to be signed for all students who attend government school camps/excursions that are approved by the school council.