

## Confidential Medical/Consent Information

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:	<b>Mt Evelyn Recreation Camp</b>
Dates:	<b>Camp 1 – Monday 13 February to Wednesday 15 February 2023</b> <b>Camp 2 – Wednesday 15 February to Friday 17 February 2023</b>

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

Name of person to contact in an emergency (if different from the parent/guardian):	
<hr/>	
Emergency telephone numbers: <i>After hours</i>	<i>Business hours</i>

Name of family doctor: <hr/>	
Address of family doctor: <hr/>	

Medicare number:
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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:
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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"/> Bed wetting                 | <input type="checkbox"/> Blackouts        |
| <input type="checkbox"/> Diabetes   | <input type="checkbox"/> Dizzy spells                | <input type="checkbox"/> Heart condition  |
| <input type="checkbox"/> Sleepwalking                                       | <input type="checkbox"/> Travel sickness             | <input type="checkbox"/> Fits of any type |
|   | <input type="checkbox"/> Anaphylaxis (see next page) |   |

☐ Other: 

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**Swimming ability**

*Please tick the distance your child can swim comfortably.*

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Cannot swim (0m)             | <input type="checkbox"/> Weak swimmer (<50m) | <input type="checkbox"/> Fair swimmer (50-100m) |
| <input type="checkbox"/> Competent swimmer (100-200m) | <input type="checkbox"/> Strong (200m+)      |   |

**Allergies**

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

☐ My Child has been diagnosed with Anaphylaxis (please list details, and provide Anaphylaxis plan

☐ Penicillin ☐ Other Drugs: \_\_\_\_\_

☐ Foods: (eg red meat, seafood, dairy, lactose intolerant)

\_\_\_\_\_

☐ Vegetarian: \_\_\_\_\_ ☐ Vegan \_\_\_\_\_

☐ 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 staff member 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 staff member 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 staff member in charge and yourself.

**Medical consent**

Where the staff member in charge of the excursion is unable to contact me, or it is otherwise impracticable to contact me, I authorise the staff member 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 staff member in charge judges to be reasonably necessary.

**I do/do not give Permission for my child to attend the 3 day Mt Evelyn Camp between 13-17 February 2023.**

Signature of parent/carer (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. If you have further questions, contact the school before the program starts.

**Student behaviour**

I understand that in the event of my son's/daughter's misbehaviour or behaviour that poses a danger to himself/herself or others during the excursion, he/she may be sent home. I further understand that in such circumstances I will be informed and that any costs associated with his/her return will be my responsibility.

**Photograph consent**

I consent to my child being photographed and/or visual images of my child being taken during activities by the school for use in the school's publications, school's website or for publicity purposes without acknowledgment and without being entitled to any remuneration or compensation. [Strike out if you do not consent]