



Camp – ADANAC 30th October– 1st November 2019

Confidential Medical Information for School Council Approved Excursions

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.

Student's full name:

Grade:

Student's address:

Postcode:

Date of birth:

Year level:

Parent/guardian's full name:

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

Emergency telephone numbers: *After hours*

Business hours

Name of family doctor: _____

Address of family doctor:

Medicare number:

Medical/hospital insurance fund:

Member number:

Ambulance subscriber? ☐ Yes ☐ No If yes, ambulance number:

Is this the first time your child has been away from home? ☐ Yes ☐ No

Please tick if your child suffers any of the following:

- ☐ Asthma (if ticked complete Asthma Management Plan)
☐ Diabetes ☐ Dizzy spells ☐ Heart condition
☐ Sleepwalking ☐ Travel sickness ☐ Fits of any type

- ☐ Bed wetting
☐ Migraine

☐ Blackouts

☐ Other: _____

Swimming ability

Please tick the distance your child can swim comfortably.

- ☐ Cannot swim (0m) ☐ Weak swimmer (<50m) ☐ Fair swimmer (50-100m)
☐ Competent swimmer (100-200m) ☐ Strong (200m+)

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? _____

Tetanus

If in the case that medical authorities recommend that your child requires a tetanus injection do you approve of this

☐ Yes ☐ No

Year of last tetanus immunisation (Must state Year given): _____

(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 teacher-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 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 yourself.

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.

Signature of parent/guardian (named above) _____

Date: _____

The Department of Education 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 and a Parent Consent form. If you have further questions, contact the school before the program starts.