

## Confidential Medical Information Form for Excursions

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: **Camp Rumberg – Yr 5 & Yr 6**

Date(s): **Monday, 30 November – Wednesday, 2 December 2020**

Student's full name:

Student's address:

Postcode:

Date of birth:

Year level:

Parent/guardian's full name:

Emergency telephone numbers: *After hours*

*Business hours*

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:

Phone number:

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 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**

Please tick the distance your child can swim comfortably.

- Beginner swimmer** – little or no experience including in shallow water.
- Intermediate swimmer** – basic skills, able to swim 25 metres with a recognisable stroke.
- Advanced swimmer** – able to swim 50 to 100 metres using two recognisable strokes and to demonstrate one survival stroke in deep water.

**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? \_\_\_\_\_

\_\_\_\_\_

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 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 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.