



## STUDENT HEALTH CARE INFORMATION FOR CAMPS / EXCURSIONS

Student's name \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Does the student have any medical condition or other health care concern?    Yes     No

*If yes, please give details below:*

Type of emergency and how to recognise it	
Avoidance precautions	
Emergency treatment	

Does the student take prescribed medication, including inhalers?    Yes     No

*If yes, please give details below and ensure all medications are clearly labelled:*

Medication	Dose	When / how taken	Side effects

Is the student immunised against tetanus?    Yes     No     Date of last booster \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Is the student covered by a private health/medical and/or ambulance fund, please give details below:

Health fund	Membership Number	Ambulance Fund Number

### First Aid

- If a child/student becomes ill or is injured, school personnel will administer first aid and call an ambulance if necessary.
- If you anticipate this child/student will require anything other than a standard first aid response, please provide detailed written recommendations so special arrangements can be negotiated.

### Emergency contacts (Please provide information on the back of this form)

I agree that the information given on this health care plan is correct and give permission for school personnel to administer first aid and call an ambulance if necessary

Parent / Caregiver's Signature \_\_\_\_\_

Any health care information given will not prevent your child participating unless further medical advice warrants exclusion. The information requested on the student health care sheet will be treated confidentially by the school. Such information is sought in order to protect and assist the student so the activity may be a safe and enjoyable experience. Please attach extra sheets if required and contact the teacher-in-charge if you wish to discuss any student health care issues.

# CONSENT FORM

As a parent/guardian of \_\_\_\_\_ I give my consent for  
him / her to participate in \_\_\_\_\_ on the  
(name of activity)  
following date/s \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

*Details of the activities planned, transport arrangement and supervising staff are provided on the attached information sheets.*

I agree to delegate my authority to the staff and instructors involved. Such teachers and instructors may take whatever disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of the students as a group, or individually in the above mentioned activity.

In the event of an accident or illness and contact with me being impracticable or impossible, I authorize the teacher-in-charge to arrange whatever medical or surgical treatment a registered medical practitioner considers necessary. I will pay all medical and dental expenses incurred on behalf of my child.

I have submitted the health information, including details of any relevant medical or physical limitations he/she has. I also consent to my child's doctor or medical specialist being contacted in an emergency.

I also give consent for my child to sleep on a top bunk that meets with safety regulations.

The information given is accurate to the best of my knowledge.

Parent/caregiver's signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

<b>EMERGENCY CONTACTS</b>		
Name Parent /Guardian		
Address		
Home phone	Work phone	Mobile
Family Doctor/Clinic		
Name		
Address		Phone
Medical Specialist (if any)		
Name		
Address		Phone