



Confidential Medical Information & Consent – Excursion/Camp

Excursion/Camp name: January Music Camp

Date(s) of excursion/camp: Between Sunday 17 Jan and Monday 25 Jan

The College 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/camp is held.

Parents are responsible for all medical costs if a student is injured on a College approved excursion/camp unless the College is found to be liable (liability is not automatic). Parents can purchase student accident insurance from a commercial insurer if they wish.

Student's full name: _____

Student's address: _____

Date of birth: _____ Class/form: _____ Year level: _____

Parent/guardian's name and contact details:

Full name	After hours phone	Business hours phone	Mobile phone
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Person to contact in an emergency (if different from the parent/guardian):

Full name	After hours phone	Business hours phone	Mobile phone
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Name of family doctor: _____

Address of family doctor: _____ Phone: _____

Medicare number: _____ Number on card (ie 1, 2 etc): _____

Medical/hospital 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

Swimming ability - please tick the distance your child can swim comfortably:

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

Please tick if your child suffers any of the following:

- Asthma (if ticked please attach a copy of your child's Asthma Management Plan.
If the plan is not attached staff will revert to the St Leonard's College Emergency Treatment Policy)
- | | | |
|--------------------------------------|---|--|
| <input type="checkbox"/> Anaphylaxis | <input type="checkbox"/> Dizzy spells | <input type="checkbox"/> Sleepwalking |
| <input type="checkbox"/> Bed wetting | <input type="checkbox"/> Fits of any type | <input type="checkbox"/> Travel sickness |
| <input type="checkbox"/> Blackouts | <input type="checkbox"/> Heart condition | |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Migraine | |

Other _____



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Allergies - please tick if your child is allergic to any of the following:

- Penicillin Other drugs
- Foods _____
- Other allergies _____

If any box is ticked please attach a copy of your child's Allergic Reaction Management Plan. If the plan is not attached then staff will revert to the St Leonard's College Emergency Treatment Policy.

Year of last tetanus immunisation: _____

(Tetanus immunisation is normally given at five years of age (as Triple Antigen or CDT) and at 15 years of age (as ADT))

Medication (including prescription & non-prescription):

Is your child taking any medicines, injections, ointments, tablets or any other treatment to the camp?

- Yes No

If yes, provide the name of the medication/treatment, dose and describe when and how it is to be taken.

All medication must be given to the teacher in-charge, in its original container, clearly 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.

Pain relief:

I give permission for a staff member to administer Paracetamol if necessary. Yes No

Special needs:

Does your child have any other physical limitations/special needs, emotional/psychological conditions or food requirements (eg. Vegetarian) which need to be known by the accompanying teachers? If so, give details of any special care recommended by yourself or the child's doctor / specialist.

Medical consent:

Where the teacher in-charge of the excursion/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 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 (named above)

Date