**ALERT LIST**

**DARADGEE ENVIRONMENTAL EDUCATION CENTRE**

Please email to: **ashee13@eq.edu.au** **TWO WEEKS PRIOR TO CAMP**

SCHOOL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide details regarding students with health conditions &/or special needs:

* **Individual Health Plans (IHP), Action Plans (AP), or Emergency Health Plans (EHP) to DEEC one week prior to camp. A colour version (with photograph) must be presented upon arrival to camp.** eg. anaphylaxis, asthma, diabetes, heart problems, epilepsy etc.
* **Individual Behaviour Plans (IBP), and other information regarding special needs/conditions** eg. Learning difficulties, physical conditions.
* **Dietary requirements** eg. Allergies/religious beliefs/food intolerances etc.
* Other conditions eg. sleep-walkers, bed-wetters & non-swimmers etc.

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| **STUDENT NAME** | **Conditions & Medications being administered**Special dietary needs are to be listed on Book the Cook form also | **IHP, EHP****AP or IBP****Attached Y/N** |
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| **ADULT NAME** |  |  |
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**Administration of Medication at School Camp** &/or **Administration of Medication – Emergency Medication** to be completed by parents and brought to camp. See [‘Medical’](https://daradgeeeec.eq.edu.au/support-and-resources/forms-and-documents/documents) link folder for these documents.

**First Aid Qualifications**

Please provide details of attending staff/parents **with relevant first aid and specialised health procedure training** - current qualifications may include anaphylaxis, asthma, diabetes, epilepsy etc.

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| --- |
| Name, Position: |
| Name, Position: |

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| Principal/School Administration approval has been given | Yes |  | No |  |

**Approved by**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name - Principal/School Administration