MEDICAL FORM & INFORMED CONSENT

DARADGEE ENVIRONMENTAL EDUCATION CENTRE STUDENT



Staff will provide immediate first aid and contact an ambulance as required

Privacy Notice

The Department of Education and Training (DET) is collecting personal information about students in accordance with the Information Privacy Act 2009 and section 426 of the Education (General provisions) Act 2006, to enable camp organisers to provide appropriate health care for your child if required. This information will only be accessed by authorised departmental employees. Some of this information may be given to external health providers for the purpose of providing medical treatment if required. The information will not be disclosed to any other person or body unless you have given DET consent or DET is required or authorised by law.

School Name: ______ Camp Leader: _____

STUDENT DETAILS

Student's First Name:	Surname:
Date of Birth:	
Parent's Full Name:	
Home Address:	Postcode:
Home Phone No:	Medicare Details
Work Phone No:	1. Medicare No
Mobile:	2. Number of Person:
Email :	3. Medicare Expiry Date:
Name of Family Doctor:	_Telephone Number:

Secondary Contact Details:

Name of Contact:	_ Relationship to Student/Adult(e.g. Aunt)	
Home Phone No:	Mobile Phone No:	

Is your child arriving late or departing early from excursion? YES / NO If YES, please complete the following details:

Day/Date	Arrival	Reason for late arrival/early departure	Departure	Return	Day/Date
	Time		Time	Time	

Are there any custodial issues that the Principal and/or camp staff should be made aware of? YES / NO. If YES, please attach details in writing.

Health Conditions and other injuries

Please indicate YES or NO if your child has one or more of the following conditions that may affect the health and safety to fully participate during the excursion? If YES, please write details of the condition to assist excursion coordinators in supporting your child.

If your child has a health condition requiring an Individual and/or Emergency Health Plan (IHP/EHP) or Action Plan which caters for the conditions of this school excursion, please attach a copy of these to this form.

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Asthma/Other Respiratory Problems	s YES NO
Diabetes	YES NO
Epilepsy/Seizures	YES NO
Health Need requiring IHP/EHP	YES NO
Learning Needs	YES NO
Disability	YES NO
Phobias	YES NO
Anaphylaxis (Severe Allergy)	YES NO
Medication Allergies (e.g. penicillin)	YES NO
Allergies (e.g. food, insects)	YES NO
Special Dietary Requirements	YES NO
Heart Condition/Heart Murmurs	YES NO
Sinus or Hayfever	YES NO
Sleepwalking	YES NO
Bed Wetting	YES NO
Recent operation/injury	YES NO
Other	

Infections and Immunisations

Please indicate YES or NO?

If YES, please write details to assist excursion coordinators in supporting you/your child.

Has your child:		Details
- had an infectious disease recently? YES NO		
- received a Tetanus Booster?	YES NO	Year of last booster injection
- been immunised?	YES NO	Please list vaccinations

Other relevant information:

Do you give authorisation for Qualified Practitioners, if required, to administer:- ANAESTHETICYES- BLOOD TRANSFUSIONYESYESNO

Medication

Is your child presently taking tablets and/or other forms of prescribed medication? YES / NO If YES, please complete an Administration of Medication at School Camps and/or an Emergency Medication form available from your school.

Parent/s are requested to make arrangements with the teacher-in-charge for the safekeeping and handling of prescribed medications and equipment prior to the excursion. All medication will be administered according to the Administration of Medications in Schools Policy.

School staff will not administer any over the counter medication, including analgesics, homeopathic or prescribed medication unless a written request is provided from a parent/guardian, accompanied by written advice from a medical practitioner and with the medication in the original labelled container.

Please provide any other information about your child, which will enable the organisers of the excursion to provide better care for your child, e.g. special dietary requirements, blood transfusions (i.e. medical/religious reasons)

Camp Consent

I ______, give consent for teachers/staff involved in the excursion to provide basic first aid if required and/or contact an ambulance who will determine any additional emergency response required. I understand that all reasonable attempts will be made to contact me or a secondary contact in the event of any emergency.

I acknowledge that the Department of Education and Training does not have Personal Accident Insurance cover for students. I agree to pay all expenses incurred on behalf of the above student/myself.

SWIMMING ABILITY - Students are permitted to swim or wade ONLY if this is a programmed activity.

My child		(name) can / cannot swim.		
Parent's Comment				
My child can swim strongly for	25 m	50m	100m	

Please give details of any medical condition or physical reason, which would prevent your son/daughter from participating in any activities outlined in information provided by your child's teacher. If the medical condition may impact on their safety during participation in an activity, they must be cleared by a medical practitioner to participate.

I am aware of the program and the types of activities my child is to participate in. I hereby give consent for my child to participate in the programmed activities and delegate my authority to the teachers involved.

Signature: Parent/guardian/attending adult: ______ Date: _____ Print name: ______

DEEC