

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

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.

Details

Asthma/Other Respiratory Problems	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: _____

