# Confidential Medical Information for Students

The school will use this information if you are involved in a medical emergency. All information is held in confidence. This medical form must be current at the time of the camp being run.

Parents are responsible for all medical costs of injuries on a school approved excursion unless the Department of Education is found liable (liability is not automatic). Parents can purchase Student Accident Insurance cover from a commercial insurer if they wish to.

**Camp name: 4T Sorrento Camp**

**Date: 17th – 19th October 2018**

Student’s full name:

Student’s address:

 Postcode:

Date of birth: Year level:

Name of person to contact in an emergency (it different from the parent/guardian):

Emergency telephone numbers: *A.H.* *B.H.*

Name of family doctor:

Address of family doctor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medicare number:

Medical/hospital insurance 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

**Please tick if you suffer any of the following:**

🞎 Asthma (if ticked complete Asthma Management Plan) 🞎 Bed wetting

🞎 Blackouts 🞎 Diabetes 🞎 Dizzy spells 🞎 Heart condition

🞎 Migraine 🞎 Sleepwalking 🞎 Travel sickness 🞎 Fits of any type

🞎 Other:

**Swimming ability**

*Please tick the distance you can swim comfortably*.

🞎 Cannot swim (0m) 🞎 Weak swimmer (<50m) 🞎 Fair swimmer (50-100m)

🞎 Competent swimmer (100-200m) 🞎 Strong (200m+)

**Allergies**

*Please tick if you are allergic to any of the following:*

🞎 Penicillin 🞎 Other Drugs:

🞎 Foods:

🞎 Other allergies:

What special care is recommended for these allergies?

Year of last tetanus immunisation:

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

**Medication**

Is your child taking any medicine(s)? 🞎 Yes 🞎 No

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

All medication must be given to the teacher-in-charge. All containers must be 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.

**Medical consent**

Where the teacher-in-charge of the 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 any 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/guardian (named above):

Date:

The Department of Education requires this consent to be signed for all students who attend government school excursions that are approved by the school council.

**NOTE:** If you have further questions, contact the school before the program starts.