

# ST. MARY'S SCHOOL MOOROOPNA

## Consent and Medical Form School Camp and Excursions

- *This form is to give permission for your child to attend a camp/excursion; and*
- *To provide medical information that might be needed in case of emergency.*
- *All information is held in confidence.*

<b>Excursion Details</b>	Dates From: Wednesday 15 <sup>th</sup> October, 2014	To: Thursday 16 <sup>th</sup> October, 2014
Location:	Bendigo Discovery Centre	
Description:	Excursion details as per the attached itinerary.	
Teacher/s in Charge:	Mrs. Marg Lee and Mr. John Gibson.	

- *See attached Excursion Itinerary and Information.*

### Personal Details

Student's Name	Grade/Class
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Home Address	Date of Birth
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### Emergency Contacts

Name	Relationship	Phone Home	Phone Work
1.			
2			
3			

### Doctor

Phone	Address

### Medicare Number

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### Private Health Fund

### Number

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Complete Tetanus Immunization:

Yes

Date of Last Booster:

No

*Please tick if your child suffers any of the following:*

Bed Wetting..... <input type="checkbox"/>	Fits of any type..... <input type="checkbox"/>	Heart Condition..... <input type="checkbox"/>	Diabetes..... <input type="checkbox"/>
Dizzy Spell..... <input type="checkbox"/>	Sleepwalking..... <input type="checkbox"/>	Asthma..... <input type="checkbox"/>	Nose Bleeds..... <input type="checkbox"/>
Blackout..... <input type="checkbox"/>	Migraine..... <input type="checkbox"/>	Travel Sickness..... <input type="checkbox"/>	Skin Sensitivities... <input type="checkbox"/>

*Please tick if your child has any allergies to the following:*

Penicillin <input type="checkbox"/>	Any Food <input type="checkbox"/>	Other Drugs <input type="checkbox"/>	Bites/Stings <input type="checkbox"/>
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Other allergies

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**\* ANY REFERENCE TO ASTHMA OR ALLERGIES WILL REQUIRE ADDITIONAL MEDICAL INFORMATION.** Forms will be sent home upon completion and receipt of this consent form.

**Tablets and Medicines**

Is your child taking any tablets and/or medicine?


If Yes please refer to the attached School Medication Policy

**Medication Details:**


- All medicines must be handed to the teacher in charge prior to leaving, with your child's name, the dose to be taken and when it should be taken. (These medicines will be kept by the teacher and distributed as required.) **DOSAGES IN EXCESS OF THAT RECOMMENDED BY THE MANUFACTURER WILL NOT BE ADMINISTERED UNLESS ACCOMPANIED BY WRITTEN NOTIFICATION FROM THE CHILD'S PHYSICIAN. STRONG PAIN RELIEF MEDICATIONS CONTAINING IBUPROFEN and/or CODEINE WILL NOT BE ADMINISTERED AT ALL.**
- Please do not allow your child to keep any medicine while on the camp/excursion.
- If it is necessary for the student to carry his/her own medication, e.g. for asthma, it **MUST** be with the knowledge and permission of both the parent and teacher-in-charge.

Any other relevant medical or personal information:

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Please note that only students with a designated food allergy, intolerance or cultural requirement will be provided with an alternative menu. A refusal to consume sufficient nutrition on the basis of an aversion to a particular food or foods is not acceptable behaviour.

**Consent:**

**Medical:**

In the event of accident or illness when it is impracticable or impossible to communicate with me, I understand the teacher in charge will arrange such medical or surgical treatment as may be deemed necessary.

**Participation:**

I consent to my child's participation in this excursion. I have been informed by the school of the arrangements made for the conduct of this excursion. I understand that the excursion includes activities that have been organised by groups not directly involved with the school and may involve some risk.

**Expenses:**

I agree to my child's returning home if necessary in the event of illness, injury or non-cooperation, and that I might be required to pay any expenses involved or to come and collect my child from the excursion.

I agree to reimburse the school for any wanton damage caused by my child.

I agree to reimburse the school for any hospital, medical or ambulance expenses incurred by the school on behalf of my child.

Signature of Parent/Guardian. .... Date:.....

**Student Declaration**

I agree to observe the rules of the camp and to co-operate with the teachers, instructors and supervisors throughout the excursion.

Signed: ..... Date:.....