

*** Please return by Friday 14th July****

Confidential Medical Information for School Council Approved Excursions

The school will use this information if your child is involved in a medical emergency. All information is held in confidence. This medical form must be current when the excursion/program is run.

Parents are responsible for all medical costs if a student is injured 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.

Year 5 Sovereign Hill Camp Date : Wednesday 2nd August - Friday 4th August

Student's full name:

Student's address:

Postcode:

Date of birth:

Class:

Parent/guardian's full name:

Parent/guardian's contact numbers: Home:

Mobile:

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

Emergency telephone numbers: *After hours*

Business hours

Name 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 your child suffers any of the following:

- | | | |
|---|--|---|
| <input type="checkbox"/> Asthma (if ticked complete Asthma Management Plan) | <input type="checkbox"/> Bed wetting | <input type="checkbox"/> Blackouts |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Dizzy spells | <input type="checkbox"/> Heart condition |
| <input type="checkbox"/> Sleepwalking | <input type="checkbox"/> Travel sickness | <input type="checkbox"/> Fits of any type |
| <input type="checkbox"/> Other: _____ | | |

Swimming ability

Please tick the distance your child can swim comfortably.

- | | | |
|---|--|---|
| <input type="checkbox"/> Cannot swim (0m) | <input type="checkbox"/> Weak swimmer (<50m) | <input type="checkbox"/> Fair swimmer (50-100m) |
| <input type="checkbox"/> Competent swimmer (100-200m) | <input type="checkbox"/> Strong (200m+) | |

Allergies

Please tick if your child is 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))

****Dietary requirements:** (e.g. gluten free, vegetarian, lactose free) _____

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 and must be in the original packaging (no loose tablets) All medication 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. Those students who are asthmatic or have anaphylaxis can carry their medication in line with their plan.

Paracetamol

Staff do not carry and are unable to supply or administer paracetamol (Panadol, Nurofen etc.) unless they are supplied by the guardian and in original packaging (not individual or strips of tablets) and accompanied by written instructions detailing when to administer and what dosage is to be given.

Asthma spacers

Warrnambool Primary School staff are unable to supply asthma spacers for shared use. Students with asthma are required to supply and use their own spacer due to strict sterilisation regulations.

Medical consent

Where the teacher-in-charge of the excursion 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: You should receive detailed information about the excursion/program prior to your child's participation and a Parent Consent form. If you have further questions, contact the school before the program starts.