**Confidential Medical Information Form - Camps and Overseas Excursions**

This form is to be completed by a parent/carer prior to their child going on a camp (overnight excursion) or overseas excursion. The information on this form will be useful if your child requires medical assistance while on a camp or overseas excursion. It includes information that is likely to be asked during an initial medical assessment and that may be required to inform a decision about medical care. All information is held in confidence. The information on this form must be current at the time of the overseas or overnight excursion.

Parents/carers are responsible for all medical costs if a student becomes ill or injured on a school approved excursion unless it is found that the illness or injury was caused by the Department of Education and Training failing to discharge its duty of care.

Excursion/program name: YEAR 7 ORIENTATION CAMP

Date(s): 15 – 17TH FEBRUARY 2023

Student’s full name:

Student’s address:

 Postcode:

Date of birth: Year level:

Parent/carer’s full name:

Emergency telephone numbers: A*fter hours* *Business hours*

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

Emergency telephone numbers: *After hours* *Business hours*

Name of family doctor:

Address of family doctor:

Phone number:

Medicare number:

\*MedicAlert number (if relevant):

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

**Swimming ability**

*Please tick the distance your child can swim comfortably*.

🞎 **Beginner swimmer** – little or no experience including in shallow water.

🞎 **Intermediate swimmer** – basic skills, able to swim 25 metres with a recognisable stroke.

🞎 **Advanced swimmer** – able to swim 50 to 100 metres using two recognisable strokes and to demonstrate one survival stroke in deep wat

**Medical History**

*Please tick if your child is living with any of the following health conditions:*

🞎 Asthma (if ticked complete Asthma Management Plan)

🞎 Anaphylaxis (if ticked review and update the Individual Management Plan)

🞎 Bed wetting 🞎 Blackouts 🞎 Diabetes 🞎 Dizzy spells 🞎 Migraine

🞎 Heart condition 🞎 Sleepwalking 🞎 Travel sickness 🞎 Seizure of any type

🞎 Other (include **any other diagnosed medical or mental health condition**:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please also attach** **any relevant documentation and list below**, for example, letter from treating practitioner, Student Health Support Plan, General Medical Advice Form or any other information that might be applicable.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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))

**Surgical History**

*Has your child had any past or upcoming surgeries?*

**🞏** Yes

**🞏** No

If yes, please provide more information including age of child at the time of surgery, nature of surgery:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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.

**Further Information**

Is there anything else about your child’s health and wellbeing or medical history that is important for us to know?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical consent**

If there is a situation or incident which requires first aid to be administered to your child school staff will administer first aid that is reasonably necessary and appropriate to their level of training.  School staff will also seek emergency medical attention for your child if it is considered reasonably necessary. In the event that your child needs medical attention during the excursions, school staff will contact you as soon as practically possible.

**Privacy Statement**

We collect personal and health information to plan for and support the health care needs of our students. Information collected will be used and disclosed in accordance with the Department of Education and Training’s privacy policy which applies to all government schools (available at: <http://www.education.vic.gov.au/Pages/schoolsprivacypolicy.aspx>) and the law.

**I declare that all information provided is current and accurate:**

Signature of parent/carer (names above)

Date:

The Department of Education and Training requires this consent to be signed for all students who will be attending government school overseas or overnight excursions.

**Note**: You should receive detailed information about the overseas or overnight excursion prior to your child’s participation and a Parent Consent form. If you have further questions, contact the school before the program starts.

\*MedicAlert is a 24/7 international emergency response service that shares your vital information directly to those who need it.