Confidential Information Form
Year 4 Camp

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.

Name		CLASS	
Medical/Hospital insurance fund:			
Member Number:			

Ambulance subscriber? Yes / No If yes, ambulance number:

Is this the first time you child has been away from home? □ yes □ no

Please tick if your child suffers any of the following:

□ Asthma (if ticked complete the asthma management plan) □ Bed wetting □ Blackouts
□ Diabetes □ Dizzy Spells □ Heart Condition □ Migraine □ Sleep Walking
□ Travel Sickness □ Fits of any type
□ Other:
_____
_____

Dietary Requirements:
If your child has any particular dietary requirements, please complete the following:

□ vegetarian □ vegan □ coeliac □ pescatarian □ egg free □ lactose free
□ other

Comments:
_____
_____
_____

Allergies:
Please tick if your child is allergic to any of the following:
□ Penicillin □ Other Drugs _____
□ Foods _____ □ other _____

What special care is recommended for these allergies?
_____
_____
_____

Year of last tetanus immunisation:

_____

(tetanus immunisation is normally given at five years of ages (as triple antigen or CDT) and at 12 - 13 years of age as (ADT))

Medication:

Is your child taking any Medicines(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 when required.

Inform the teacher in charge if it is necessary or appropriate for your child to carry their medication (for example, asthma puffers or your 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 excursion is unable to contact me, or it is otherwise impractical 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 _____

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.