



STUDENT CONSENT AND MEDICAL FORM

Excursion: Year 9 Camp – Ikara National Park (Wilpena Pound)

Group 1: Mrs Zubrinich Rite Journey Class Wednesday 21 August -> Thursday 22 August

Group 2: Mr Nistico & Mr Freeman Rite Journey Class Thursday 22 August -> Friday 23 August

Student Name: **Class:**

- I give consent for my young person to take part in Year 9 Camp at Ikara National Park (Wilpena Pound).
- I give consent for staff and instructors have my authority to take whatever action they think necessary to ensure the safety, well-being and successful conduct of the students as a group or individually in the above-mentioned activity.
- If my young person becomes ill or is accidentally injured, the school may obtain on my behalf whatever medical treatment my child needs. I will pay all such medical expenses.
- I give consent for my young person to travel in a private vehicle if required.
- I have completed the required information as asked about my young person’s health. To the best of my knowledge this is accurate information.

Parent Signature: Date:

FOR EMERGENCY USE ONLY

Emergency contact details		
	Emergency Contact 1	Emergency Contact 2
Name:		
Relationship:		
Home Phone #		
Work Phone #		
Mobile Phone #		

Student Details			
Home Address:		Date of Birth:	
Name of Family Doctor/Clinic		Phone #	
Other Medical Specialist treating your child:		Phone #	
Medicare No:		Private Health Fund:	

For student wellbeing, please complete the following information:

- Are there medical conditions the school should know about caring for your child? Yes No

Allergies Asthma Convulsions / Seizures Diabetes Other

If so, please give details:

.....

.....

- Does the school hold a current Health Care Plan for your young person? Yes No

- Has your young person had a tetanus immunization? Yes No Date of last Injection:

- Has your young person ever had penicillin? Yes No Is he/she allergic to penicillin? Yes No

- Is your young person allergic to any other drug/medicine? Yes No

If so, which drug?

- Does your young person have any regular prescribed medicine? Yes No

Name of Medication(s)	Dose	When to be taken	Possible side effects

Note: Any additional medication (ie not held at the school) required during the time your young person is away should be handed to a leader on the day prior departure. The following information needs to be included with / on the medication: name of the young person, the amount to give for each dose, what time to give it and how it is to be given.

- Is there anything you know about your young person’s health that means he or she should have only limited physical activity? Yes No

If so, give details:

.....

.....

- Does your young person have a special diet because of health problems? Yes No

If so, give details:

.....

.....

- Is there any other information which might help us to care for your young person? Yes No

.....

.....

.....

NB: If you fail or neglect to provide sufficient and current information in writing to enable the proper treatment of your young person no liability will be accepted by the school for any injury or illness which your young person may suffer as a result.