



## STUDENT CONSENT AND MEDICAL FORM

Excursion: Year 8 Camp - Wednesday 25 September – Friday 27 September

Student Name: ..... Class: .....

- I give consent for my child to take part in Year 8 Camp at Woodhouse Activity Centre, Adelaide.
- 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 child 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 child to travel in a private vehicle if required.

On Friday my child will

- walk home at 2.00pm
- be collected by \_\_\_\_\_ at 2.00pm
- stay until normal dismissal

- I have completed the required information as asked about my child'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:**

- Is 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: .....

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

- Has your child had a tetanus immunization?  Yes  No Date of last Injection: .....

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

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

If so, which drug? .....

- Does your child 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 child 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 child, 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 child’s health that means he or she should have only limited physical activity?  Yes  No

If so, give details: .....

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

If so, give details: .....

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

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