

**Cranbourne East Primary School**  
**Confidential Medical Information & Parent Consent**

**\*\* Please complete this form and return to the school.**

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 6 Woorabinda Camp 2018**

Dates: Group 1: Monday 3<sup>rd</sup> September – Friday 7<sup>th</sup> September  
Group 2: Monday 10<sup>th</sup> September – Friday 14<sup>th</sup> September

I am a CSEF recipient. Use my funds to pay for the Yr 6 Camp

Student's full name: \_\_\_\_\_  
Student's address: \_\_\_\_\_  
Postcode: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/guardian's full name: \_\_\_\_\_

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: \_\_\_\_\_

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"/> Anaphylaxis (if ticked review and update the Individual Management Plan for the camp or excursion) |  | <input type="checkbox"/> Migraine         |
| <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))

**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.

**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.

A risk management plan for this program has been developed by staff and is available for parents to review on request.

**Student behaviour**

'I understand that in the event of my son's/daughter's misbehaviour or behaviour that poses a danger to himself/herself or others during the excursion, he/she may be sent home. I further understand that in such circumstances I will be informed and that any costs associated with his/her return will be my responsibility.

**ICT/Photograph consent**

'I agree to my child using the Internet and computer network in accordance with the same Internet student users agreement that applies at their current school.' [Strike out if you do not consent]

'I also consent to my child being photographed and/or visual images of my child being taken during activities by the school for use in the school's publications, school's website or for publicity purposes without acknowledgment and without being entitled to any remuneration or compensation.' [Strike out if you do not consent]

**Consent for emergency transportation**

'In the event of an emergency I consent to my child being transported in a privately owned vehicle driven by a member of the supervisory staff listed above.'

**Student accident insurance**

The Department of Education does not provide student accident cover. Parents may wish to obtain student accident insurance cover from a commercial insurer, depending on their health insurance arrangements and any other personal considerations.

**PARENT CONSENT**

I have read all of the above information provided by the school in relation to the Year 6 Woorabinda Camp, including any attached material.

I give permission for my daughter/son \_\_\_\_\_ (full name) to attend.

Grade: \_\_\_\_\_

Parent/guardian: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

In case of emergency I can be contacted on: 1: \_\_\_\_\_

2: \_\_\_\_\_

**Note:** Parents are asked to respect the privacy of students by not taking photos or filming students during activities.