

# 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.

Excursion/program name: **Year 5 Phillip Island Camp 2018**

**Date(s): Group A (5C, 5H, 5R, 5Y) – Monday 19th November – Wednesday 21st November  
Group B (5A, 5P, 5S, 5W) - Wednesday 21st November – Friday 23rd November**

I am a CSEF recipient. Use my funds to pay for the Yr5 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"/> 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))

