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# THOMAS MITCHELL PRIMARY SCHOOL

YEAR 4 CAMP – PHILLIP ISLAND ADVENTURE RESORT  
WEDNESDAY 8<sup>TH</sup> NOVEMBER TO FRIDAY 10<sup>TH</sup> NOVEMBER 2017

## MEDICAL REPORT AND AUTHORISATION FOR SCHOOL CAMPS AND EXCURSIONS

(Please complete and return by Friday 22<sup>nd</sup> September 2017)

This report is intended to assist the school in case of any medical emergency with your child.  
All information is held in confidence.

Student's Name: .....

Date of Birth: .....

School Year: 2017

Parent's/Guardian's Full Name: .....

Address: .....

..... Postcode: .....

Emergency Telephone:

After Hours ..... Business Hours .....

Mobile .....

Name and Address of Family Doctor: .....

.....

.....

Medicare No: .....

Medical/Hospital Insurance Fund : .....

Contribution No: .....

STUDENT NAME

**TETANUS IMMUNISATION:**

Last tetanus immunisation was

.....

If over ten years since last immunisation, please tick if booster is to be arranged by parents before the camp  Booster date: .....

**DIETARY REQUIREMENTS:**

Does your child have a special dietary requirement? YES/NO

**If yes, please**

Specify.....

**PREVIOUS EXPERIENCE**

Is this the first time your child has been away from home? YES/NO

**MEDICAL CONDITIONS (please tick if your child suffers from any of the following)**

<input type="checkbox"/> Bed Wetting (please provide details if this is a regular occurrence)			
<input type="checkbox"/> Dizzy Spells	<input type="checkbox"/> Seizures	<input type="checkbox"/> Blackouts	<input type="checkbox"/> Asthma
<input type="checkbox"/> Heart Conditions	<input type="checkbox"/> Sleep Walking	<input type="checkbox"/> Migraines	<input type="checkbox"/> Travel sickness

Other Medical Conditions (please describe the condition and treatment)  
 This information will be used to update your child's enrolment information.

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(You may like to attach a more detailed account of your child's medical condition on the back of this form)

**ALLERGY/ANAPHYLAXIS (please tick if your child suffers from any of the following)**

<input type="checkbox"/> Penicillin	
<input type="checkbox"/> Medications (please specify)	
<input type="checkbox"/> Foods (please specify)	
<input type="checkbox"/> Other allergens (please specify)	
<input type="checkbox"/> What symptoms does your child display?	
<input type="checkbox"/> What special medical care is recommended?	

## ASTHMA

Current asthma plans held with the school nurse will be forwarded onto Mrs Joanna Uva. Letters will be sent to families where asthma plans need updating. If your child's plan needs updating we will require a signature from your child's practitioner.

If you have not previously filled out an Asthma Action Plan for your child, a copy of this form can be collected from the school nurse.

## ASTHMA EQUIPMENT

Please provide your child with the appropriate asthma equipment and medication to relieve your child's Asthma symptoms.

Equipment required includes, Asthma Preventer (if required), Reliever (i.e. Ventolin) and Asthma Spacer if required.

Please name all medications and equipment with your child's name.

***\*Please check the expiration date of all medicines and ensure they are current.***

## TABLETS / MEDICINES

Is your child currently taking medication? YES/ NO

If you have responded yes, please complete the Thomas Mitchell Medication Authorisation Form (**ONE** form per medication required), and return this with all medicines / tablets to Mrs Joanna Uva **on the morning of the departure for camp.**

All medications must include the original pharmacy label detailing the name of the medication, and if prescribed by a doctor, the name of the person receiving the medication, the dosage and practitioner's name.

STUDENT NAME:

CONSENT TO PARTICIPATE

I give permission for my child to attend the Year 4 Phillip Island Adventure Resort Camp from Wednesday 8th November to Friday 10<sup>th</sup> November, 2017. I understand that the students will be travelling by bus.

Signed: ..... Date: ...../...../.....

CONSENT FOR PANADOL

During camp, your child may require pain relief for unplanned medical conditions such as earache or headache for example. By signing this consent, you will give teaching staff permission to provide the appropriate dose of Panadol where necessary.

I give consent for my child ..... to have the appropriate dose of Panadol if the teacher in charge believes it is necessary.

Signed: ..... Date: ...../...../.....

*(All documentation of medication administered during camp is available at your request)*

CONSENT TO MEDICAL ATTENTION

I authorise the teacher in charge of the year 4 Camp to the Phillip Island Adventure Resort to consent, where it is impracticable to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary.

Signed: ..... Date: ...../...../.....

Consent for emergency transportation – Ambulance

In the event of an emergency I consent to my child being transported via Ambulance to hospital. I understand at times of accident or illness, the first aid trained staff member/s and/or teacher in charge will confer and make a decision as to whether or not they should request the attendance of an ambulance. In doing so, the health and safety of the patient will be the only determining factor. Ambulance membership, or potential costs to families will not be the point of consideration. Parents (or next of kin for an adult) will always be contacted as soon as possible when the ambulance is called.

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.

I acknowledge that I have read and agree to the above regarding emergency transportation and student accident insurance.

Signed: ..... Date: ...../...../.....