

---

# THOMAS MITCHELL PRIMARY SCHOOL

YEAR 4 CAMP – PHILLIP ISLAND ADVENTURE RESORT  
WEDNESDAY 7<sup>TH</sup> NOVEMBER TO FRIDAY 9<sup>TH</sup> NOVEMBER 2018

## MEDICAL REPORT AND AUTHORISATION FOR SCHOOL CAMP

(Please complete and return by Friday 19<sup>th</sup> October 2018)

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:** 2018

**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	CLASS:
--------------	--------

**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 <i>(please provide details if this is a regular occurrence)</i>			
<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.*

**Does your child take regular medication for this condition Yes/No** *(please circle one)*  
**If yes, what dosage and when does medication need to be taken.** *(Please provide this medication to Mrs Narelle Waples on the morning of the camp with the Camp Medication Authorisation Form).*

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

Student Name:	Class:
---------------	--------

**ASTHMA**

Current asthma plans held with the school nurse will be forwarded onto Mrs Narelle Waples. 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 office or downloaded from the school website [www.tmps.vic.edu.au](http://www.tmps.vic.edu.au).

**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**

Your child may require medication on camp.

At this point in time, will your child require medication whilst on camp? YES/ NO

If yes, please complete the Medical Conditions section, detailing the medication required, frequency and dosages.

- All medications to be administered to your child on camp, must be provided to Mrs Narelle Waples **on the morning of departure**. Please use a **separate TMPS Medication Authorisation Form per medication**.
- 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.
- If medication **requires refrigeration**, please leave it in the pharmacy foil bag or have it in an insulated bag clearly labelled with your child's name.

**CONSENT TO PARTICIPATE**

I give permission for my child to attend the Year 4 Phillip Island Adventure Resort Camp from Wednesday 7<sup>th</sup> to Friday 9<sup>th</sup> November 2018. I understand that the students will be travelling by bus to and from the camp and to and from offsite activities.

**Wednesday 7<sup>th</sup> November**      Travel to Phillip Island Adventure Resort with a stop at Nobbies Board Walk  
Night activity to the Penguin Parade

**Thursday 8<sup>th</sup> November**      Travel to Smiths Beach Walk

**Friday 9<sup>th</sup> November**      Return to Thomas Mitchell PS with a stop to 'Amaze n Things' enroute.

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: .....

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

STUDENT NAME:	CLASS:
---------------	--------

**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.

**CONSENT FOR EMERGENCY TRANSPORTATION – CAR**

In the event of a minor emergency at the Year 4 Phillip Island camp, Mrs Vanessa Morcom may be able to transport your child to seek medical attention.

Should this occur, your child will be travelling with:

Mrs Vanessa Morcom – Mazda 6 - Registration Number AEY 284.

I give permission for my child in the event of an emergency deemed by the teacher in charge, to travel in the above mentioned car.

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

**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: .....

<b>Name of Parent/Guardian completing Consent Form</b>
--