



Wednesday, March 27 2019

Years 3 and 4 Kianinny Camp Medical Permission Note

The information on this form is required for all children attending the Years 3 and 4 (Stage 2) Kianinny camp (Thursday, May 2 – Friday, May 3). It should be completed by the child’s parent/guardian and submitted to their class teacher by **Friday, April 5**.

Thank you

Ben Kirk

Camp Coordinator

Please return Camp Medical Form to your child’s class teacher by Friday, April 5.

Child’s Name: _____ Date of Birth: _____ Class: _____

Address: _____

Phone: (H) _____ (W) _____ (Mob) _____

Emergency Contact name and number: _____

Medicare Number: _____

Please answer the following questions:

Please circle

1. Is she/he in good health? **Yes/No**

2. Does she/he suffer from any chronic illness or disability? **Yes/No**

If the answer was yes, state the illness;

3. Has she/he suffered from any acute illness during the past four weeks? **Yes/No**

If the answer is yes, state the illness;

4. Has she/he been treated by a medical practitioner for any injury during the last four weeks? **Yes/No**

If the answer is yes, obtain a report from the doctor with instructions about further treatment and a certificate stating that the child is fit to attend the excursion

5. Is she/he taking any mixture, tablets or any other form of medication at present? Yes/No

If your answer is yes and the medication has been prescribed by a doctor, obtain full written instructions from the doctor concerned. (This includes taking paracetamol & travel sickness medication). Please also collect a prescribed medications form from the office/our website and attach the completed form to this note.

6. Does she/he suffer from:

- Asthma? Yes/No
- Any allergic condition? Yes/No
- Diabetes? Yes/No
- Epilepsy, fits or blackouts? Yes/No
- Adverse reaction to drugs? Yes/No

If yes (to Q6), please give details;

7. Has she/he been fully immunised against tetanus? Yes/No
If yes, in what year was the last booster injection given? _____

8. I understand and give permission for my child to travel by bus to/from the excursion venue.
Does she/he suffer from travel sickness? Yes/No
If yes, what actions do you take to prevent it?

9. Does she/he wet the bed? Yes/No
If yes, how often? _____

10. Do you know of any health factor which will make it advisable for your child to follow a limited program of physical activity? Yes/No

11. In the event of any accident or illness, I authorise the school to obtain on my behalf, such medical assistance as my child may require. I understand that the school does not have a fund for medical assistance and that any medical assistance requiring payment will be at my expense. **Students are covered under the Ambulance Service of NSW Group Cover Scheme – Schools (AGSE Scheme) for Ambulance Cover.**

Extras Cover: Yes/No Medical Cover: Yes/No

Insurer details and student's number on card: _____

12. I also undertake to pay medical fees and or cost of drugs that may be incurred while my child is on the excursion eg. ventolin for asthmatics.

Parent/Carer/Grandparent Name: _____

Signed: _____ **Date:** _____