



Friday, August 31 2018

Years 3 - 6 Camps Medical Permission Note

The information on this form is required for all children attending the Jindabyne snow camp (Monday, September 10 – Wednesday, September 12), Sydney camp (Tuesday, October 16 –Friday, October 19) or Jindabyne sport and recreation camp (Wednesday, November 21 – Friday, November 23). It should be completed by the child's parent/guardian and submitted to their class teacher by Friday, September 21 2018. If any information on this form changes after you have returned this note, please download another note from our website and resubmit as soon as possible. If your child is attending more than one camp, only one note is required.

Thank you

Manda Brewer

Camp Coordinator

Please return Camp Medical Form to your child's class teacher by Friday, September 21 2018

Child's Name: _____ Date of Birth: _____

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:** _____