



Friday, September 16, 2022

## Year 3 and 4 Kianinny Camp Medical and Dietary information form

Dear Parent/Carer,

Please complete the Medical and Dietary information form for your child who is attending the Year 3 and 4 Kianinny Camp (Thursday, 3<sup>rd</sup> November – Friday, 4<sup>th</sup> November). It should be completed and submitted to the administration office by **Friday, 23<sup>rd</sup> September**. The information on this form is required for all children attending the camp.

If you have any questions related to the note, please contact the school on (02) 6495 1266.

Thank you

Brenton Mace

Camp Coordinator/Assistant Principal

**Please return Camp Medical and Dietary Form to your child's class teacher by Friday, 23<sup>rd</sup> September.**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Class: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Mob) \_\_\_\_\_

Medicare Number: \_\_\_\_\_ Exp: \_\_\_\_\_

### Doctor contact details

Name of doctor \_\_\_\_\_

Address of doctor \_\_\_\_\_

Doctor's phone number/s \_\_\_\_\_

### Emergency alternative contact details

Name of emergency contact 1 \_\_\_\_\_ Phone: \_\_\_\_\_

Name of emergency contact 2 \_\_\_\_\_ Phone: \_\_\_\_\_

*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 non-prescribed medication at present? Yes/No**  
*If your answer is yes, please obtain full written instructions from the doctor concerned (this includes taking over the counter medication e.g. paracetamol/Antihistamine/travel sickness tablets) and ensure all medication is clearly labelled from a pharmacist in its original packaging. Collect a 'student health conditions' form from the administration office and attach the completed form to this note.*  
*Please list all non-prescribed medication to be administered during the excursion. Include name of medication, instructions for administration, time of administration, and any possible reactions.* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6. Is she/he taking any mixture, tablets or any other form of prescribed medication at present? Yes/No**  
*If your answer is yes, please obtain full written instructions from the doctor concerned (this includes taking over the counter medication e.g. paracetamol/Antihistamine/travel sickness tablets) and ensure all medication is clearly labelled from a pharmacist in its original packaging. Collect a 'student health conditions' form from the administration office and attach the completed form to this note.*  
*Please list all prescribed medications to be administered during the excursion. Include name of medication, instructions for administration, time of administration, and any possible reactions* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**7. Does she/he suffer from:**

- |                                |               |
|--------------------------------|---------------|
| • Asthma?                      | <b>Yes/No</b> |
| • Any allergic condition?      | <b>Yes/No</b> |
| • Diabetes?                    | <b>Yes/No</b> |
| • Epilepsy, fits or blackouts? | <b>Yes/No</b> |
| • Adverse reaction to drugs?   | <b>Yes/No</b> |

*If yes (to Q6), please check that your child has an up to date action plan, give details and outline the treatment for each;* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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



9. 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?

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10. Does she/he wet the bed?

Yes/No

If yes, how often and what actions do you take to prevent an occurrence?

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11. Do you know of any health factor/health condition which will make it advisable for your child to follow a limited program of physical activity? \_\_\_\_\_

Yes/No

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12. Please outline any special dietary needs, including possible reaction to inappropriate diet/if your child has any specific food allergies or requirements, such as: Do they require Halal/Vegetarian meals? Or are they allergic to certain food?

Yes/No

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13. 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. *Please note: Students are covered under the Ambulance Service of NSW Group Cover Scheme – Schools (AGSE Scheme) for Ambulance Cover.*

Private Health Insurer details and student's number on card: \_\_\_\_\_

Extras Cover:  Yes/No

Medical Cover:  Yes/No

14. 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.

I understand that my child will receive medical treatment in the case of an emergency. I understand that when a medical practitioner has prescribed medication (including emergency medication for example insulin) that will need to be administered during the excursion, parents/carers are responsible for:

- bringing this need to the attention of the school
- ensuring that the information is updated if it changes



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- supplying the medication and any necessary 'consumables' for example insulin syringes or EpiPens for administration (any medication should be well within its expiry date and correctly labelled)
- collaborating with the school in working out arrangements for the supply and administration of the prescribed medication for the duration of the excursion.

**Please note:** for some excursions, the school will ask parents to supply the medication in a different way to what has been already agreed to by school. For example, parents may be asked to supply an additional adrenaline autoinjector (EpiPen®).

I understand that in the event of illness, injury or misbehaviour whilst my child is on camp at Kianinny NSW, I will be required to travel to my child's current location to collect my child. In the event that I am not contactable, the alternative emergency contacts previously listed will be contacted to arrange pick up.

I acknowledge that this event/activity is required to be held in accordance with any current NSW Health COVID-19 Public Health Orders and the NSW Department of Education's policies and procedures. I acknowledge and accept that there is a risk that my child may be exposed to COVID-19 whilst attending and participating at the event. I confirm that my child will not attend if displaying any symptoms of illness and/or if directed to isolate under NSW Health orders.

#### Telephone Interpreter Service

If you require more information please call the school. If you need an interpreter to assist you with your enquiry please call the telephone interpreter service on 131 450 and ask for an interpreter in your language. The operator will call the school and get an interpreter on the line to assist you with the conversation. You will not be charged for this service.

**Parent/Carer Name:** \_\_\_\_\_ **Signed:** \_\_\_\_\_

**Contact Phone:** \_\_\_\_\_ **Date:** \_\_\_\_\_