



STUDENT MEDICAL RECORD

To be completed by parent/guardian of all students participating in excursions which involve an overnight stay or periods in excess of one day.

STUDENT DETAILS

Name of Student:	D.O.B.
Address:	
Excursion/Camp description: Year 11 leadership Camp 2017	

MEDICAL CONDITION

Please indicate below any known medical conditions relevant to the above-named student. In those instances where there is a "Yes" response, please describe the nature of the problem or provide a letter from your doctor.

MEDICAL CONDITIONS	RESPONSE	ADDITIONAL COMMENTS
Heart Problems	YES/NO	
Blood Pressure	YES/NO	
Respiratory problems (other than asthma)	YES/NO	
Asthma	YES/NO	Has written permission for student to administer own medication been previously provided to the school? YES/NO If no, please attach.
Epilepsy	YES/NO	
Operations	YES/NO	
Allergies	YES/NO	
Drug Reactions	YES/NO	
Recent Illness	YES/NO	
Phobias	YES/NO	
Bed-wetting	YES/NO	
Other	YES/NO	
Date of most recent tetanus injection		

MEDICAL PRACTITIONER

Name of family Doctor	
Address	
Telephone Number	
Medicare No.	

CURRENT PRESCRIBED MEDICATION(S)

The medication(s) listed below has been prescribed for my son/daughter by a registered medical practitioner and will be required to be administered while my child is involved in the excursion indicated in Section 1. I hereby request the teacher accompanying the excursion who has been authorised by the Principal to administer the medication(s) in accordance with the instructions written on the medication container(s) by the pharmacist in accordance with the medical practitioner's instructions. I understand that all unused medication(s) will be returned to me.

Signature of parent/guardian:

Printed name: Date:

Please rule an oblique line through any unused spaces below.

NAME OF MEDICATION	QUANTITY	TIMES FOR MEDICATION

PANADOL ADMINISTRATION

On rare occasions the different routines and activities on camp can lead to children feeling unwell or ending up with a headache. Our duty of care to children involves assisting them to overcome such ailments. The treatment may involve drinking water to hydrate their body or resting quietly for a while. Sometimes this treatment is not sufficient and some medication may be required to relieve the child’s pain. Staff are not permitted to administer pain killers (such as Panadol) without written permission from parents.

In the event of your child requiring Panadol during camp, the College requires permission from parents/guardians to be able to administer this medication.

Please indicate below if you would / would not like Coomera Anglican College staff to administer Panadol to your child, should the need arise, during camp. (Please note that even with this form completed and signed, Coomera Anglican College staff will also ring the parent to give the relevant details of the situation before administering the Panadol.)

- Yes I do** give permission for Coomera Anglican College staff to administer Panadol to my child if required
- No I do not** give permission for Coomera Anglican College staff to administer Panadol to my child.

DIETARY REQUIREMENTS

My child **DOES / DOES NOT** have any special dietary requirements.

Details:

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AUTHORITY

I hereby authorise the supervising teachers to obtain any medical or associated assistance, which they deem to be necessary, should any medical condition or accident occur.

I agree to pay medical, dental and/or pharmaceutical expenses incurred on behalf of the above student which are not covered by the College’s ambulance subscription, the College Student Accident Insurance and my medical benefits fund.

I further authorise qualified practitioners to perform surgery, administer anaesthetic and/or administer blood transfusions if such an eventuality should arise.

I understand that, should such circumstances arise, the supervising teachers will endeavour to contact me by phone in the first instance.

BEHAVIOUR MANAGEMENT POLICY

To ensure a safe and enjoyable camp for all, it is expected that all children will follow the behaviour guidelines set down by the College staff. In the event of disruptive or dangerous behaviour by any child, the Head of Secondary will be contacted and parents may be asked to collect the child from camp.

Signature of parent/guardian:.....

Printed name:

Date:

Address:

.....

Contact numbers: Home: Work:

Mobile:.....