



## STUDENT CAMP 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.	Class:
Address:		
Excursion/Camp description:		

### 1. MEDICAL CONDITIONS

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
Anaphylaxis	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.
Respiratory problems (other than asthma)	YES/NO	
Allergies	YES/NO	
Drug Reactions	YES/NO	
Epilepsy	YES/NO	
Heart Problems	YES/NO	
Recent Illness/ Operations	YES/NO	
Phobias	YES/NO	
Bed-wetting	YES/NO	
Other (motion sickness)	YES/NO	
Date of most recent tetanus injection		



## 2. 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

## 3. 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.

I authorise College staff to administer paracetamol to my child if necessary.

*(Please tick)*



#### 4. 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 Primary will be contacted and parents may be asked to collect the child from camp.

**Signature of parent/guardian:** .....

**Printed name:** .....

**Date:** .....

**Address:** .....

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.....

**Contact numbers: Home:** .....

**Work:** .....

**Mobile:**.....