



## Confidential Medical Information for Overseas, Interstate and Overnight Camps, Sleepovers and Excursions (This is a legal requirement)

*This information is intended to assist the school in case of any medical emergency involving your child. A copy of this information will be held by the school contact person and the originals will be held by the teacher in charge of the excursion. All information is held in confidence.*

Student's First Name		Student's Surname			
Date of Birth		Home room			
Address				Post Code	
Parent/ Carer (1)		Contact number			
Parent/ Carer (2)		Contact number			
Emergency contact name and number (other than the numbers above)				Relationship to child	
Name of Family Doctor		Contact number			
Medicare Number		Position number	Expiry date		
Private Health Fund		Number:	Table:		
Health Care Card number					
<b>Previous experience – is this the first time your child has been away from home?</b>				Yes	No
<b>Please tick if your child suffers any of the following:</b>					
<i>Bed wetting</i>	<i>Fits of any type</i>	<i>Heart condition</i>	<i>Asthma</i>	<i>Diabetes</i>	
<i>Dizzy spells</i>	<i>Sleepwalking</i>	<i>Blackouts</i>	<i>Migraine</i>	<i>Travel sickness</i>	
<i>Anxiety disorder</i>	<i>SARS</i>	<i>Other (please specify)</i>			
<b>Allergies</b>	<i>Penicillin</i>	<i>Other medication</i>	<i>Any food</i>	<i>Other (please specify)</i>	
<i>What special care is recommended?</i>					
<b>Is there a Health Care Plan in place?</b>					
Does the school have an up to date copy of the Health Care Plan?				Yes	No
Does your child require any modifications to this Health Care Plan?				Yes	No
Please specify					
Year of last tetanus immunisation (tetanus immunisation is normally given at five years of age (as Triple Antigen or CDT) and at 15 years of age (as ADT))				Year	

### EMERGENCY TREATMENT

Please provide details of emergency and how to recognise it? Provide extra attachments if needed.

### MEDICATION

Does your child need to take medication while on camp/retreat/ interstate/overseas?

Yes

No

If ticked yes, please complete below.

If yes, please provide **medication** and a **Medication Authority Form** in a zip lock bag to the college.

- A **Medication Authority Form** is required for all medications administered at school or on a school camp/sleepover etc.
- Even if you have a current Medication Authority Form submitted with the school, you will need to fill out a new form if the medication dose times have changed i.e. taken outside of school hours e.g. in the morning/night.

**NOTE: The college is not allowed to administer Panadol or a similar product under any circumstances unless we have a Medication Authority Form.**

If YES, please state name of medication, dosage and when to take medication.

Medication name

Dosage

Time/s to be taken

All medication must be in original packaging labelled with your child's name, the dose to be taken, specific storage conditions, and when it should be taken. If it is necessary for your child to carry his or her own medication (for example, asthma puffers or insulin for diabetes) it must be with the knowledge and approval of both the teacher-in-charge and yourself.

### SELF-MEDICATION

Will your child be self-administering their medication (including any over-the-counter medication)?

Yes

No

If yes, I / we, the undersigned, will supply all medication with a Medication Authority Form in a zip lock bag, in original packaging labelled with my child's name, the dose to be taken and when it should be taken. I acknowledge that my child is responsible for carrying the medication and taking it as prescribed by the doctor on the Medical Authority Form. My child, if they are in the Middle school, will notify the teacher-in-charge on every occasion when he/she takes medication. The teacher-in-charge has been notified of this individual arrangement.

### CONSENT TO MEDICAL ATTENTION

In the event of an accident or illness involving my child, and contact with me or the emergency contact being impossible or unsuccessful despite continued attempts, I authorise:

- The teacher-in-charge as my nominee to give consent to the appropriate medical or dental authorities for my child where such authorisation is required eg. General anaesthetic, blood transfusions etc. I give this consent on the understanding that the teacher-in-charge will, if at all possible, contact me by telephone prior to consenting to the administration for the medical or dental treatment by the medical practitioner, dentist or hospital concerned. However, if the medical or dental practitioner considers that the medical or dental treatment should be administered immediately, and the teacher-in-charge is unable to contact me, I authorise:
- The teacher-in-charge to consent to the administration of medical or dental treatment.
- The supervising staff to administer such first aid as the teacher-in-charge may judge to be reasonably necessary.
- In the event of an accident or illness, and in an emergency situation where an ambulance is not available within a reasonable period of time, I consent to my child being transported to a hospital/ medical/ dental clinic or to an ambulance by an excursion staff member in a school / private car as so advised by emergency services.

Continued attempts to inform the parent or emergency contact will be undertaken in such circumstances until contact is made.

I understand that in the event of illness or accident to my child, I will be responsible for all associated costs and charges, including ambulance transportation. It is a requirement of the school that students involved in overseas travel take out travel insurance. Please ensure that any documents relating to travel insurance are kept in a safe place.

<b>Parent / Caregiver 1</b>	<b>Print name</b>	<b>Signature</b>	<b>Date</b>
<b>Parent / Caregiver 2</b>	<b>Print name</b>	<b>Signature</b>	<b>Date</b>