



Confidential Medical Information for Overseas, Interstate and Overnight Camps, Sleepovers and Excursions

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			
Previous experience – is this the first time your child has been away from home?			<input type="checkbox"/> Yes <input type="checkbox"/> No

DOES YOUR CHILD HAVE A MEDICAL CONDITION?

Allergy		Asthma	
Diabetes		Vision Impairment	
Seizures/Epilepsy		Ear Disorder	
Anxiety Disorder		Dizzy / Fainting episodes	
Sleep walking		Joint disorder	
Travel Sickness		Heart Condition	

Other (please specify)

INDIVIDUAL HEALTH CARE/ ACTION PLAN

Please provide the school with an individual health care/action plan from your child's treating doctor/ health professional.

Last Tetanus Immunisation	YEAR:	
MEDICATION		
Does your child need to take medication while on camp / retreat / interstate / overseas? If yes, please provide medication and a Medication Authority Form in a zip lock bag to the college.	Yes	No
<p>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.</p> <p>NOTE: <i>The college is not allowed to administer Panadol or a similar product under any circumstances unless we have a Medication Authority Form.</i></p>		
SELF-MEDICATION		
Will your child be self-administering their medication (including any over-the-counter medication)?	Yes	No
<ul style="list-style-type: none"> • Please ensure the teacher-in-charge has been notified of this individual arrangement. • You will be required to supply all medication with a Medication Authority Form in a zip lock bag, in original packaging labelled with your child's name, the dose to be taken and when it should be taken. • Your child is responsible for carrying the medication and taking it as prescribed by the doctor on the Medical Authority Form. 		
CONSENT TO MEDICAL ATTENTION		
<p>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:</p> <ul style="list-style-type: none"> • 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 e.g. 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 by an ambulance by an excursion staff member in a school / private car as so advised by emergency services. <p>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.</p>		
Parent / Caregiver 1	Signature	
Contact number	Date	
Parent / Caregiver 2	Signature	
Contact number	Date	

**Please return this form (once completed) to the Student Services Office by Friday 28/07/2017
(This is a legal requirement)**