



CONFIDENTIAL MEDICAL REPORT
YEAR 6 CAMP JUNGAI 2022

1. Is your child presently taking tablets and/or medicine? Yes / No

If YES, please state name of medication, dosage, etc.

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2. Medicines should not be in student's possession but be handed to the class teacher prior to leaving for camp. Please label and provide instructions - dose to be taken and when it should be taken.

3. If your child is feeling unwell, and the person in first aid has been unable to contact you, do you give permission for your child to be given paracetamol? Yes / No

Please complete and return to your child's teacher ASAP, no later than Friday, 29th April, 2022

CHILD'S NAME: GRADE:

CHILD'S DATE OF BIRTH:

PARENT'S FULL NAME:

ADDRESS: POSTCODE:

PHONE NO.: AFTER HOURS: BUS HOURS:

MED/HOSP INSURANCE FUND & NO.:

MEDICARE NO.: AMBULANCE FUND & NO.:

DOCTOR'S NAME & ADDRESS:

PHONE NUMBER: AFTER HOURS NUMBER:

Please tick if your child suffers any of the following:

Bed wetting Fits of any type Heart condition
Dizzy Spells *Asthma Sleepwalking
Migraine Blackouts Travel Sickness

ALLERGIES TO:

Penicillin *Any foods Drugs Other Nil known

Asthmatics: please ask your child to collect an Asthma Management Form - immediately and return with this form.

Food Allergies / Special Diet: please complete the section overleaf if you have any special dietary requirements.

Other / special care recommended:

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Last tetanus immunisation was: First time your child has been away from home? YES/NO

PARENT/ GUARDIAN'S PERMISSION / INDEMNITY

My daughter/son of Grade has my permission to attend the school camp at Camp Jungai from the 11th to 13th May, 2022.

I authorise the teacher in charge to consent where it is impracticable to communicate with me, to the child's receiving such medical or surgical treatment as may be deemed necessary. I accept all operation, blood transfusions, and/or anaesthetic risks involved and ambulance transport and the responsibility for payment of any expenses thus incurred.

Date: Signed:

MY CHILD WILL BE COLLECTED BY: (Name) (PH)

STUDENT'S CAMP CONTRACT

I, agree that I will obey all Rules of The Camp and Teachers' / Leaders' instructions. I will treat others with respect and act with responsibility in regard to my own and others' safety. I understand that by breaking this agreement I may be withdrawn from activities or suspended from Camp.

Date: Signed:

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SPECIAL DIETARY REQUIREMENTS YEAR 6 CAMP JUNGAI PLEASE RETURN BY FRIDAY, 29TH APRIL, 2022

Child's Name:

Special Dietary Requirements.....

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DET GUIDELINES

Student Behaviour

'I understand that in the event of my child's misbehaviour or behaviour that poses a danger to himself/herself or others during the excursion, he/she may be sent home. I further understand that in such circumstances I will be informed and that any costs associated with his/her return will be my responsibility.'

Student Illness

'I understand that in the event excursion staff determine it is necessary for my child to be sent home early due to illness, any costs associated with his/her return will be my responsibility.'

Cancellations or alterations

'I understand that the Principal may need to cancel or alter excursion arrangements at short notice, for safety reasons or due to circumstances beyond the control of the school, and while the Principal will try to minimise inconvenience or financial losses to parents, these may be unavoidable.'

Student accident insurance and ambulance cover

The Department of Education does not provide student accident insurance or ambulance cover. Parents may wish to obtain student accident insurance from a commercial insurer and/or ambulance cover, depending on their health insurance arrangements and any other personal considerations.

Parent/Carer's name: Signature: