

CONFIDENTIAL MEDICAL REPORT FOR Year 3 Camp Manyung



Please complete and return by **Monday, 28th November, 2022**

This report is compiled to assist us in case of any eventuality with the children. All information is held in confidence.

We ask parents to note the following requests and abide by them.

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

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

.....
.....

2. All medicines must be handed *directly* to the teacher-in-charge - Ms Nicole Chester - you must not leave your child at camp until all medicines are safely passed over to the teacher in charge and have explained the dosages. Each medicine will have your child's name, the dose to be taken and when it should be taken. (These will be kept in the First Aid Centre and distributed as required).

**PLEASE DO NOT ALLOW CHILDREN TO BE IN POSSESSION OF ANY MEDICINE
WHILST ON THE SCHOOL CAMP.**

HOWEVER, ASTHMATICS SHOULD CARRY THEIR PUFFER WITH THEM AT ALL TIMES (a waist bag is an ideal way to carry puffers).

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 |
| Other | | |

ALLERGIES or ANAPHYLAXIS TO:

Penicillin Any foodsDrugs Other Nil known

What special care is recommended:

.....

Last tetanus immunisation was:

Is this the first time your child has been away from home? Yes / No

Parent / Guardian

Please sign this statement required by the Department of Education and Training for all children attending school camps or excursions.

My daughter/son of Grade has my permission to attend the school camp at **Camp Manyung, Monday 19th December - Tuesday 20th December, 2022.**

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.

I agree to meet the expense of my child being returned to school either by a teacher accompanying him/her and then returning to camp or by collecting my child from the camp personally. I understand that such an arrangement may be necessary due to illness, injury, or if in the opinion of the teacher-in-charge there is non-cooperation of any description by my child. I am aware that my child will be sleeping in a bunk bed.

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

Date: Signed:



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:



SPECIAL DIETARY REQUIREMENTS

YEAR 3 CAMP MANYUNG - PLEASE RETURN BY MONDAY, 28TH NOVEMBER, 2022

Child's Name:

Special Dietary Requirements