


## Active Education – Camper Details Form

Child's Full Name:		Gender:	DOB: ___/___/___
Parent/Guardian's Full Name:		Relationship	
Address		Suburb	Post Code
Mobile:		Phone:	
<b>In case of Emergency</b>			
2 <sup>nd</sup> Contact Name:		Relationship:	Phone:
Family Doctors Name:	Phone:	Medicare No	Expiry Date
Is your Child covered by ambulance cover? Yes <input type="radio"/> No <input type="radio"/>		Medic Alert Number (If applicable):	

Medical	✓ or ✗	Details
Asthma		
Seizures		
Diabetes		
Heart Problems		
Hearing Loss		
Allergies	✓ or ✗	Details
Hay Fever		
Allergy to insect		
Allergy to other		
Strenuous exercise		
Other Relevant Info	✓ or ✗	Details
Sleep Walking		
Bed Wetting		
Behavioral problems		



**active education**  
outdoor education experiences

Has your child been immunised against tetanus?      Yes   No      Last Immunisation \_\_\_\_\_  
 Do you give permission for your child to sleep on a top bunk?      Yes   No

Dietary Requirements - Please give details below			
Allergy to food		Dietary restrictions	
YES/NO		YES/NO	

Please provide specific details/information relating to your child's medical, dietary, emotional or other special needs on an attach sheet if required

Medications - Please list the medications your child must take on a regular schedule				
Medication	How Much	How Often	When	My child may have the following medication if required (please tick):
				<input type="radio"/> Paracetamol <input type="radio"/> Cough Medicine <input type="radio"/> Anti-Histamine <input type="radio"/> Ventolin

All medication must be given to, and held by Teaching Staff, who will administer medications according to written instructions on the container as prescribed by a doctor or physician. **All medications must be in the original pharmacy container.**



### CONSENT FORM FOR CAMP/EXCURSION

(To be completed in conjunction with medical information and activity information sheets)

Please use block letters when filling out this form

As a parent/guardian of:

STUDENT/CHILD'S NAME

I:

PARENT/GUARDIAN NAME

give my consent for him/her to participate in:

NAME OF ACTIVITY
REASON FOR AND DESCRIPTION OF ACTIVITY

at/on:

LOCATION

FROM: TO: OR ON:

The school/preschool will use the student's current Health Care Plan unless otherwise instructed.

Has a current Health Care Plan been provided to the school/preschool? Yes No

If No, please provide an updated Health Care Plan to the school/preschool on completion of this form.

Details of planned activities, transport arrangements, anticipated number of students/children and supervising teachers/instructors are provided on the information sheet attached.

#### Agreement

- I agree to delegate my authority to supervising teachers/instructors. Such supervisors may take whatever disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of the students as a group and individually.
In the event of an accident or illness and contact with me being impracticable or impossible, I authorise the teacher-in-charge to arrange whatever medical or surgical treatment a registered medical practitioner considers necessary. I will pay all medical and dental expenses incurred on behalf of my child.
I have also attached additional or updated health care information, including details of any additional health support he/she requires to undertake the above activities safely. I also consent to my child's doctor or medical specialist being contacted in an emergency.
The information given is accurate to the best of my knowledge.

Signed: \_\_\_\_\_

Date: / /

#### Emergency Contacts - Parent/Guardian

NAME

ADDRESS

POSTCODE

HOME TELEPHONE WORK TELEPHONE ALTERNATIVE TELEPHONE

Student Medic Alert Number (If applicable):

\*Any health care information provided is not intended to prevent your child participating unless specific medical advice warrants exclusion. The health care information you supply to the school/preschool will be treated confidentially. Such information is sought in order to protect and assist the student so the activity may be a safe and enjoyable experience. Please contact the teacher-in-charge if you wish to discuss any health care problems.