# 7/02/2018

# Walloon State School Camp

#  PARENTAL CONSENT FORM & Student Medical Information

**STUDENT'S NAME (IN FULL)**: .............................................................................................................................  **DATE OF BIRTH**: ............................................................................ **RELIGION**: ................................................ **NAME OF PARENT/GUARDIAN**: .......................................................................................................................... **ADDRESS**: ................................................................................................................................................................... **TELEPHONE: (HOME)** .......................................................... **(WORK)** .....................................................

**(MOBILE)** ………………..………………….

 **MEDICARE NO**: .......................................................... **REF NO:** ............ **EXPIRY DATE:** .............................

If you would like to receive a summary of your child’s experience on camp, please provide your e-mail:



**PARENTAL CONSENT**

**A copy of the *Information for Parents* form, our curriculum and the program for this camp can be found at: http://www.walloonss.eq.edu.au**

* **I am aware of the nature and scope of activities included in the program and I give consent for my child to participate in the program.**
* **I understand that programs conducted at Moreton Island involve a medium level of physical activity and are conducted predominantly out of doors.**
* **I have read the *Student Responsibilities'* section of the *Information for Parents* sheet and agree to delegate my authority to the teachers involved.**
* **Should my child refuse to abide by the *Student Responsibilities'* as outlined in the *Information for Parents* I understand that I will be contacted and suitable consequences will be negotiated with my child and the Walloon State School Staff attending camp.**
* **I have advised the school's program co-ordinator, in writing, of any special dietary needs for my child.**
* **I have completed the attached medical details and clearly outlined current medical information for my child, including details of medication being taken with my consent.**
* **I understand that it is a 20 minute helicopter flight to Brisbane for the nearest ambulance, doctor or hospital..**
* **I authorise the Principal or his representative to obtain such medical attention and transportation to medical attention as may be deemed necessary and I understand that I am responsible should any costs be incurred.**
* **I give consent for my child to be driven to or from their campsite or bushwalk in a Moreton Island Adventure Tours vehicle driven by a Moreton Island Adventure Tour’s staff member.**

 **PARENT / GUARDIAN'S SIGNATURE:**  **DATE:**

 **…………………………………………………………………………………….. ……………………………..**

 **Best Contact number: ……………………………………………………………………………………………………**

**Privacy Notice:** Walloon State School is collecting information on these forms in accordance with Education Queensland Policies for the purpose of ensuring the health and well-being of individuals attending programs at the camp. These forms will be retained and held securely and will be disposed of when they are no longer required. Some or all of this information may be disclosed to Walloon staff, Moreton Island Adventure Camp staff, Qld Emergency Services Officers, Medical and Health Care Practitioners as deemed necessary. Personal information on this form may be disclosed where authorised or required by law.

**For further information about EQ Privacy please contact The Principal, Walloon State School.**

**PLEASE ENSURE THAT YOU COMPLETE THE MEDICAL INFORMATION FORMS ACCURATELY**

# 7/02/2018

# Walloon State School Camp

#  STUDENT MEDICAL INFORMATION

**DOES YOUR SON/DAUGHTER REQUIRE A SPECIAL DIET FOR ANY OF THE FOLLOWING**?

|  |  |  |
| --- | --- | --- |
| SEVERE FOOD ALLERGY  |   | YES / NO If YES, complete an Allergy Management Form  |
| FOOD INTOLERANCE  |   | YES / NO If SEVERE, complete a Medical Management Form  |
| RELIGIOUS/CULTURAL  |   | YES / NO  |
| VEGETARIAN  |   | YES / NO  |

Able to Eat: ...................................................................................................................................................................

 ......................................................................................................................................................................................

Unable to Eat ………………………………………………………………………………………………………….

………………………………………………………………………………………………………………………..

 **SWIMMING ABILITY:**  Non Swimmer 25m 50m 100m

**DOES YOUR SON/DAUGHTER SUFFER FROM ANY OF THE FOLLOWING?**

1. **ASTHMA** YES / NO

**If YES**, please complete an **Asthma Management Form**

1. **ALLERGIES** (plants, insects, animals) YES / NO

**If YES,** please complete an **Allergy Management Form**

1. **DIABETES** YES / NO

**If YES,** please complete a **Medical Management Form**

1. **EPILEPSY** YES / NO

**If YES**, please complete a **Medical Management Form**

1. **HEART/CIRCULATION PROBLEMS** YES / NO

**If YES,** please complete a **Medical Management Form**

1. **Bedwetting**

 YES / NO

**Asthma, Allergy and Medical Management forms are available under Extra Curricular/Camps at:** www.walloonss.eq.edu.au

Give full details of any issues to be considered for your child whilst at camp. (e.g. recent operations; muscle, joint or bone injuries; bed wetting; phobias; anxiety; conditions; disorders; disabilities etc.)

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 List any pharmacy or prescribed medication being taken by your son/daughter.

|  |  |  |  |
| --- | --- | --- | --- |
| **Drug Name**  | **Dosage**  | **Frequency**  | **Condition or Doctors Instructions**  |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |

Walloon State School Ph: 5461 8333