



# Outdoor Education Camp

## Health Profile for Students and Adults Attending

Please complete this health profile for each child / adult attending Camp and return to your child's teacher by Wednesday 6th November:

Name of child or adult attending Camp  Medic Alert number   
(if applicable)

1. Please tick if your child/you (if attending) have any of the following:

Migraine	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Asthma	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Travel sickness	<input type="checkbox"/>	Fits of any type	<input type="checkbox"/>
Chronic nose bleeds	<input type="checkbox"/>	Heart condition	<input type="checkbox"/>	Dizzy spells	<input type="checkbox"/>
Hayfever	<input type="checkbox"/>	Sleepwalking	<input type="checkbox"/>	Bedwetting	<input type="checkbox"/>

Other - please explain

2. Will your child/you (if attending) be taking any medication? Yes  No

If YES - What for?

Name of medication/s:

Dosage and time/s to be taken

Other treatment:

3. Has your child/you (if attending) had any major injuries (breaks or strains) or illness in the last six months that may limit full participation in any activities? Yes  No

If YES, please state the injury/illness.

4. Is your child/you (if attending) allergic to any of the following?

	Yes	No	Please specify
Prescription medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Insect bites/stings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Other allergies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

What treatment is required?

5. When was your child's/your last tetanus injection?

6. Please outline any **major** dietary requirements for your child/you.


7. What pain medication may your child be given if necessary? You will need to supply the pain medication.


8. Is there any information Tinwald School staff should know to ensure the physical and emotional safety of you/your child? (For example; disability; anxiety about heights/darkness/small spaces; behaviour or emotional problems).

Yes  No

If YES, please state or attach extra information.


**Declaration:**

I agree that if prescribed medication needs to be administered, a designated adult will be assigned to do this. I will ensure that prescribed medication is clearly labeled, securely fastened and handed to Tinwald School staff before Camp, with clear instructions on its administration.

I understand that if my child/myself gets sick or injured at Camp, the TIC (Claire Tomkinson) will contact the named emergency contacts (attached to this form) with the details. If my child/myself needs to go home from Camp, I must make the necessary arrangements in consultation with the TIC (Claire Tomkinson).

I will inform the school as soon as possible of any changes in medical or other circumstances between now and the commencement of the Camp.

I understand that unacceptable behaviour by my child may mean my child misses out on Camp activities and/or may be asked to leave the Camp early. I will need to make arrangements to collect my child ASAP if necessary.

I agree to my child/myself receiving any emergency medical, dental, or surgical treatment, including anesthetic or blood transfusion, as considered necessary by the medical authorities present.

Any medical costs not covered by ACC or a Community Services card will be paid by me.

Print name

Signed

To be read and signed by adult participant or parent/caregiver of child participant.

Date

# Emergency Contact Details



Please provide **2 sets of emergency contact details** for your child/you (if attending).  
**The child's parents will always be the first contact we try.**  
Please check that other contacts will be around (e.g. not away on holiday) during the camp.  
(25-27 November 2019)

1. **Name of emergency contact:**

Relationship to the child/you:

Address:

Day Phone:  Evening Phone:

Cell Phone:

2. **Name of emergency contact:**

Relationship to the child/you:

Address:

Day Phone:  Evening Phone:

Cell Phone:

## **Parental consent**

I agree to my child/myself taking part in the Year 5 & 6 Camp at **Living Springs**. I agree to their / my participation in the camp activities. I acknowledge the need for them / me to behave responsibly.

## **Acknowledgment of risk**

I understand that there are risks associated with involvement in school EOTC events and that these risks cannot be completely eliminated. I understand that the school will identify any foreseeable risks or hazards and implement correct management procedures to eliminate, isolate, or minimize those hazards. I understand that my child will be involved in the development of safety procedures. I will do my best to ensure that my child/ I follow these procedures.

I know that I am able to ask any questions of the school about the activities I / my child will be involved in, to gain a better understanding of the risks involved. A parent information meeting will be held on **Wednesday 6th November** to find out about the camp and ask questions. I recognise that participation in such activities is voluntary and not mandatory. My child and I both understand that I/they may withdraw from the activity if I/they feel at risk. This must be done in consultation with the person in charge.

I understand that the school does not accept responsibility for loss or damage to personal property and that it is my responsibility to check my own insurance policy.

To be read and signed by adult participant or parent/caregiver of child participant.

Print name:  Signed:

