ST MARTINS LUTHERAN COLLEGE – MOUNT GAMBIER

CAMP / OUTDOOR ED PERMISSION & HEALTH FORM

Activity: _____

The following information is confidential and will protect your child. It is most important that all information is the most recent.

Student's name _____ Birth date _____ Home Class _____

Address _____ Postcode _____

Contact telephone numbers – home _____ work _____

Student mobile number _____

Alternative emergency telephone number (eg Mobile) _____

In event of injury or illness and a doctor visit or hospitalisation is required please provide the following information.

Medicare holder's initials & surname _____

Medicare number _____Position of child on card _____

Private medical/health benefits fund particulars:

Fund name _____ Benefit table/s _____

Membership number _____

If student covered by separate ambulance subscription, give number _____

Date of last tetanus injection _____

Please complete the following medical history form:

Anaphylactic	Yes/No	Detail – eg current medication regimen
Allergies	Yes/No	
Bee sting	Yes/No	
Drugs eg penicillin	Yes/No	
Food	Yes/No	
Hay fever seasonal	Yes/No	
Hay fever other	Yes/No	
Diabetes	Yes/No	
Ear problems	Yes/No	
Epilepsy	Yes/No	
Headaches	Yes/No	
Heart problems	Yes/No	
Recent illness/surgery	Yes/No	
Phobias eg heights	Yes/No	
Travel sickness	Yes/No	
Blood pressure	Yes/No	
Respiratory disorders	Yes/No	
eg Asthma	Yes/No	
Other	Yes/No	

PLEASE NOTE THAT ALL MEDICATION MUST BE PROVIDED AND ACCOMPANY THE STUDENT ON ALL CAMPS OR EXCURSIONS

Any other information concerning student limitations (eg dietary requirements) that you feel we need to know:

_____

_____

_____

_____

_____

_____

NOTE:
Any medication needed during this activity must be clearly labelled with the student's name, the name of the drug and clear instructions for use. Apart from allergy and asthma medications (which must be carried by the student at all times), all medications must be handed to the appropriate supervisor before departure.

I AGREE to delegate my authority to the Principal and/or appointed Staff, Supervisors and Instructors involved in this activity. Such persons in authority may take whatever disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of the students individually or as a group in this activity. The students will be required to observe all the necessary safety rules involved.

In addition I AGREE that my child will neither bring nor have any authorisation from me to bring any prohibited substances; these include tobacco, alcohol, drugs (other than those prescribed for the individual by an authorised person) or any other substance conducive to addiction.

I AUTHORISE the appointed staff to obtain any medical assistance which they deem necessary should an accident occur or should the student become ill, and AGREE to pay all the medical expenses incurred on behalf of the above student.

I understand the staff will make every attempt to contact me before hospitalisation occurs.

On the reverse side of this form I submit relevant medical information about the above student and include details of limitations which the student has for this activity.

I FURTHER AUTHORISE qualified medical practitioners to administer anaesthetic should the need arise.

Signed _____ Date _____
(Parent/Guardian)