

**Year 5 and 6 Camp - 9 – 13 April 2018
'Forest Lakes Camping and Conference Centre'**

Tuesday 12 February

Dear Parents/Caregivers

Following our previous letter detailing camp costs and asking for parent volunteers, we have some paper work that needs to be filled in on behalf of your child.

Attached to this letter is a consent form, health profile and aquatic activity form. All documents are vital to helping us make camp an enjoyable and safe place for your child. Please could you go over the form with your child and return to us by Friday 23 February. This will allow us time to sort the information and organise dietary needs with the camp.

Please can you make sure that the forms are filled out as accurately and thoroughly as possible so we can ensure all students have a great time and stay safe. If you would like to discuss your child's needs, please contact his/her classroom teacher.

Thank you and kind regards,

Brent McDowell
Kristina Fisentzidis
Rob Calder
Katherine O'Neil





Parental Consent, Emergency Contacts and Risk Disclosure

School/group: Greenacres School Year 5 and 6 Students

Details of event:

Location: 'Forest Lakes Camping and Conference Centre'

Start date: 9 April 2018 Time: 9am

Finish date: 13 April 2018 Time: 3pm

PARTICIPANT INFORMATION FORM

Please complete these details:

Name _____

Address _____

Telephone _____ Mobile _____

Year or class level N/A Age _____

Teacher N/A

Family Doctor Name _____ Telephone _____

Address _____

Community Services Card number _____

Medic Alert number (if applicable) _____

THIS FORM OR A COPY MUST BE TAKEN ON THE EVENT. A COPY SHOULD BE RETAINED BY THE SCHOOL CONTACT.

EMERGENCY CONTACT DETAILS (please provide at least 2 sets of contact details)

Contact 1: Emergency Contact

Name: _____ Relationship: _____

Address: _____

Day Phone: _____ Evening Phone: _____

Mobile: _____

Contact 2: Alternative contact

Name: _____ Relationship: _____

Address: _____

Day Phone: _____ Evening Phone: _____

Mobile: _____

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

Parental Consent

I agree to my child/myself taking part in the EOTC event and have received sufficient information on which to base a decision. I agree to their/my participation in the activities described. I acknowledge the need for them/me to behave responsibly.

Acknowledgement of Risk

I have read the EOTC event information sheet and 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 minimise those hazards. I understand my child has been involved in the development of safety procedures. I will do my best to ensure that I/my child 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. I recognise that participation in such activities is voluntary and not mandatory through a 'challenge by choice'* procedure. My child and I both understand that I/they may withdraw from an 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.

Name: _____

Signature: _____

Date: _____

* 'challenge by choice' means the participant chooses their own level of challenge within a supportive peer environment.



Health profile and medical consent

This profile is designed to assist with the care of all participants on EOTC events, including adults. One form to be completed for EACH participant.

Name: _____ Medic Alert Number: _____ (if applicable)

1. Please tick if you 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"/> |
| Colour blindness | <input type="checkbox"/> | Other (Please specify) | _____ | | |
| ADHD | <input type="checkbox"/> | | | | |

For overnight events

Sleepwalking Bedwetting

2. Are you/your child currently taking medication? Yes No

If YES, please state: Health condition/s: _____

Name of medication/s: _____

Dosage and time/s to be taken: _____

Other Treatment: _____

3. Is a health plan required? Yes No Go to Sample form 9

Have you had any major injuries (breaks or strains) or illness (glandular fever etc) in the last six months that may limit full participation in any activities?

Yes No

If YES, please state the injury/illness:

4. Are you allergic to any of the following?

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

What treatment is required? _____

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

6. Outline any dietary requirements:

7. What pain/flu medication may your child be given if necessary?

8. To the best of your knowledge. Have you/your child been in contact with any contagious or infectious diseases in the last four weeks?

Yes No

If YES, please give brief details

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

Yes No

If YES, please state or attach the information.

Tick

- 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 labelled, securely fastened and handed to the designated adult with instructions on its administration.
- I will inform the school as soon as possible of any changes in the medical or other circumstances between now and the commencement of the event.
- I agree to my child/myself receiving any emergency medical, dental, or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.
- Any medical costs not covered by ACC or a community service card will be paid by me.
- If my child is involved in a serious disciplinary problem, including the use of illegal substances and/or alcohol, or actions that threaten the safety of others, s/he will be sent home at my expense.

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

Signature: _____

Name: _____ Date: _____

Aquatic activity consent

For activities where being able to swim is essential

Swimming ability	Yes	No	Don't know
Is your child able to swim 50 metres?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your child water confident in a pool?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your child confident in deep water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your child able to tread water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your child able to survival float?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your child confident in the sea or open inland water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your child safety-conscious in and around water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I would like _____ to take part in the specified event

I have received sufficient information about the event and agree to my child taking part in the activities.

I consent to any emergency treatment required by my child during the course of the event.

I confirm that my child is in good health and I consider him/her fit to participate

Signed _____ Date _____

Full name of parent/caregiver _____

The activity leader should take this form or a copy on the event. A copy should be retained by the school contact. Consider the need to gain similar information from adult participants as well.