# Year 10 Interstate Trip Confidential Medical Form

## Student Details

<table>
<thead>
<tr>
<th>Full Name:</th>
<th>Gender:</th>
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<table>
<thead>
<tr>
<th>Home address:</th>
<th>Date of Birth:</th>
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<table>
<thead>
<tr>
<th>Medicare Number:</th>
<th>Ambulance Cover:</th>
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<table>
<thead>
<tr>
<th>Doctor:</th>
<th>Phone:</th>
<th>Private Health Fund Details:</th>
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## Parent/Guardian Details

<table>
<thead>
<tr>
<th>Name of Parent/Guardian 1:</th>
<th>Contact Details:</th>
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<table>
<thead>
<tr>
<th>Name of Parent/Guardian 2:</th>
<th>Contact Details:</th>
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## Emergency Contacts

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Phone Home</th>
<th>Phone Other</th>
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**Please tick if your child suffers any of the following (please tick if yes):**

- Travel Sickness
- Fits of any type
- Heart Condition
- Dizzy Spells
- Sleepwalking
- Asthmatics
- Blackouts
- Migraines
- Epilepsy
- Diabetes
- Blackouts
- Migraines
- Muscular/skeletal

*Provide details including management procedures and any regular medication taken or care required*

**Known Allergies:**

- Penicillin
- Any Food
- Other Drugs
- Bites/Stings

**Other Allergies**

**Care/treatment recommended for known allergies**

**Dietary restrictions/requirements**
Other medical conditions/relevant information
Please provide specific details regarding any other medical condition(s) and management/treatment, including phobias, recent illness or injury, etc

Physical Ability
Health/ability factors with potential to limit physical activity and how this may impact involvement in camp program/any activity restrictions

Swimming Ability: Unable Poor Good Strong

Tetanus Immunization: Yes / No If yes, Date of Last Booster: / /

Tablets and Medicines: Is your child taking any tablets and/or medicine? Yes / No

If Yes, please state name of medication, dosage, etc. You will also be required to complete a Medication Administration Form.

Do you give permission for trip staff to administer paracetamol or other pain reliever? Yes / No

- All medicines must be handed to the teacher in charge prior to leaving, with your child's name, the dose to be taken and when it should be taken. (These medicines will be kept by the teacher and distributed as required.)
- Please do not allow your child to keep any medicine while on the camp/excursion.
- If it is necessary for the student to carry his/her own medication, e.g. for asthma, it MUST be with the knowledge and permission of both the parent and teacher-in-charge.

Below is a list of Over-the-counter Medications that may be offered to your student in the event that they require it. Please indicate which medications you will allow your student to take by placing a tick for Yes and a cross for No.

Panadol
Ibuprofen
Cough Lozenges
Cough Mixture
Cold & Flu Tablets
Ventolin
Vitamin C

As needed/required
Daily
Year 10 Interstate Trip Parent/Guardian Consent

Medical:
In the event of accident or illness when it is impracticable or impossible to communicate with me or the emergency contacts listed above, I authorise trip staff to arrange such medical assistance or ambulance transportation, including surgical or dental treatment, as they think necessary and authorise qualified medical practitioners to administer anaesthetic, blood transfusions or any other procedures deemed necessary. I also agree to pay the cost of any expenses incurred as a result of such medical assistance and/or ambulance transportation. I give consent for my child’s local doctor or medical specialist to be contacted in an emergency.

Participation:
I consent to my child’s participation in this excursion. I have been informed by the school of the arrangements made for the conduct of this excursion. I understand that the excursion includes activities that may involve some risk.

Expenses:
I agree to my child’s returning home, if necessary, in the event of illness, injury or non-cooperation, and to pay any expenses involved. I agree to reimburse the school for any damage caused by my child.

Parent/Guardian Signature:               Date:

Year 10 Interstate Trip Student Declaration

I agree to observe the rules of the camp and to cooperate with trip staff throughout the excursion.

Student Signature:               Date: