



Tinaroo Environmental Education Centre

Consent Form

STUDENT NAME: _____ **DATE OF BIRTH:** _____

SCHOOL: _____ **DATE OF CAMP** _____ **YEAR LEVEL** _____

ADDRESS: _____

PARENT /GUARDIAN NAME: _____

CONTACT NO: Home: _____ **Mobile:** _____

Work : _____

MEDICAL INFORMATION

PART A:

Is your son/daughter currently taking any medication? YES / NO - if YES please complete the table below

Medical Condition	Medication	Dosage	Storage	When to be taken

Medicare Number: _____ Private Health Number: _____

Doctor's Name: _____ Phone: _____

Date of last Tetanus: _____

PART B:

Does your son/daughter suffer from any of the following?

If yes, please give full details (severity, medication, date of last attack/ operation/ injury).

A) Asthma	YES / NO - if YES, please complete PART C of this form
B) Other respiratory problems	YES / NO - if YES, please complete PART C of this form
C) Drug allergies	YES / NO - if YES, please complete PART C of this form
D) Other allergies (food, plants, insects, animals)	YES / NO - if YES, please complete PART C of this form
E) Diabetes	YES / NO - if YES, please complete PART C of this form
F) Epilepsy	YES / NO - if YES, please complete PART C of this form
G) Anxiety	YES / NO - if YES, please complete PART C of this form
H) Bed wetting/ Night terrors	YES / NO - if YES, please complete PART C of this form
I) Recent operations / injuries	YES / NO - if YES, please complete PART C of this form
J) Special dietary requirements	YES / NO - if YES, please complete PART C of this form
K) Other _____	YES / NO - if YES, please complete PART C of this form

SWIMMING ABILITY

My child can swim strongly for:	0m	10m	20m	50m	100m
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PART C: Medical Management Plan

This part should be completed if your child has a medical condition. Relevant conditions include asthma, allergic reaction, diabetes, heart conditions; back, knee and ankle complaints, epilepsy, respiratory disorders and dietary requirements.

Name: _____

1. Describe the condition and/or dietary requirement (Please print all details)

2. Is the condition life threatening? Please circle: **YES / NO**

3. Does the condition require the administration of medication or an injection? Please circle: **YES / NO**

4. Do you carry any medication to prevent or relieve the condition? Please circle: **YES / NO**

5. Does the student have approval to self-administer their medication at camp? **YES/NO**

6. What may trigger a medical emergency?

7. What can be done to prevent or reduce the chance of a medical emergency?

8. What are the signs and symptoms if you do have a medical emergency? (rash, swelling, pain)

9. What steps do you take to relieve the condition?

Medication details: _____

Insurance cover for students undertaking physical activities

- Physical activity and physical education, particularly contact sports, carry inherent risks or injury.
- Parents are advised that the Department of Education does not have Personal Accident Insurance cover for students.
- Education Queensland has public liability cover for all approved school activities and provides compensation for students injured at school only when the Department is negligent. If this is not the case, then all costs associated with the injury are the responsibility of the parent or caregiver.
- It is a personal decision for parents as to the type and level of private insurance they arrange to cover students for any accidental injury that may occur.

AGREEMENT BY PARENT OR GUARDIAN

- I am aware of the nature and scope of activities included in the program
- I give informed consent for my son/daughter to participate in the program and agree to delegate my authority to the teachers involved.
- I further authorise the Principal, or his/her representative, to obtain such medical attention as may be deemed necessary and I understand I am responsible for the costs
- I authorise qualified practitioners to administer anaesthetic and blood transfusion if the necessity arises
- I certify, to the best of my knowledge, that my child has not been in contact with any infectious disease for the past four weeks.
- My student and I are aware of the TEEC's 'Student's Code of Responsible School Behaviour'
- I authorise the staff of the TEEC to utilize private vehicles to transport my child to and from activities in the case of an emergency or when it is not safe to be transported by canoes (eg. weather conditions).
- Tinaroo EEC is collecting personal information on this form for the purpose of ensuring the health and well being of individuals attending this centre. This is in accordance with the departmental policy. Tinaroo EEC may disclose some or all of this information to centre/school staff, Queensland Emergency Service officers, medical practitioners as required. Personal information on this form can be disclosed to other third parties without the individual's consent where authorised or required by law.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____