



Camp 2023 - Confidential Health Profile and Medical Consent

Name: _____ Room: _____

1. Please tick if your child has any of the following:(if applicable)

Asthma	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Skin Condition	<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/Blackouts	<input type="checkbox"/>
Colour blindness	<input type="checkbox"/>	Migraine	<input type="checkbox"/>		
ADHD	<input type="checkbox"/>	Other Conditions:	_____		

For overnight events:

Sleepwalking Bedwetting

2. Is your child currently taking long term 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

4. Has your child 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:

5. Is your child 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 for the allergy: _____

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

6. Outline any dietary requirements:

7. Do you give permission for the following medication to be administered if necessary?

Paracetamol (Pain relief): Yes No

Antihistamine for allergies and insect bites: Yes No

8. To the best of your knowledge. Has 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 your child? (For example cultural practices; disability; anxiety; about heights/darkness/small spaces; behaviour or emotional problems).

Yes No If YES, please state or attach the information.

10. If your child shows any covid-19 symptoms we will need to carry out a RAT test so that they can remain at camp. Do you give permission for the test to be administered by the first-aid trained staff member?

Yes No If no, you will be asked to collect your child from camp immediately.

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CHILD'S NAME: _____

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 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, or actions that threaten the safety of others, I agree that s/he will be brought home.

To be read and signed by parent/caregiver of child participant. Next of kin details for an emergency.

Name: _____ **Relationship:** _____

Phone: _____ **Mobile:** _____

Email Address: _____

Next of Kin: _____ **Mobile:** _____

Signature: _____ **Date:** _____