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| **Camp 2021 - Confidential Health Profile and Medical Consent** |
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| **Name:** |  | **Room:** |  |
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| **1. Please tick if your child has any of the following:(if applicable)** |
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| **Asthma** |  |  **Epilepsy** |  |  **Skin Condition** |  |
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| **Diabetes** |  |  **Travel sickness** |  |  **Fits of any type**  |  |
|  |
| **Chronic nose bleeds** |  |  **Heart condition** |  |  **Dizzy spells/Blackouts** |  |
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| **Colour blindness** |  |  **Migraine**  |  |
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| **ADHD** |  |  **Other Conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |  |
| **For overnight events:** |
| **Sleepwalking** |  | **Bedwetting** |  |  |

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| **2. Is your child currently taking long term medication?** | **Yes** |  |  | **No** |  |

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| **If YES, please state: Health condition/s:** |  |
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| **Name of medication/s:** |  |
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| **Dosage and time/s to be taken:** |  |
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| **Other Treatment:** |  |

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| **3. Is a health plan required?** | **Yes** |  | **No** |  |  |
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| **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:** |
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| **5. Is your child allergic to any of the following?** |
|  | **Yes** |  | **No** |  | **Please specify** |
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| **Prescription medication** |  |  |  |  |  |
|  |
| **Food** |  |  |  |  |  |
|  |
| **Insect bites/stings** |  |  |  |  |  |
|  |
| **Other allergies** |  |  |  |  |  |
|  |
| **What treatment is required for the allergy:** |  |
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| **5. When was your child’s last tetanus injection?** |  |
| **6. Outline any dietary requirements:** |
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| **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** |
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| **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).** |
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| **Yes** |  | **No** |  |  **If YES, please state or attach the information.** |
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| **CAMP 2021****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.** |
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|  | **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.** |
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|  | **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.**  |
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|  | **Any medical costs not covered by ACC or a community service card will be paid by me.** |
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|  | **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.** |
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| **To be read and signed by parent/caregiver of child participant. Next of kin details for an emergency.** |
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| **Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Next of Kin:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |