

FORM: Camp – Medical Information & Request to Administer Medication

If placed on school letterhead all requirements must be retained.

Student Details:

Student Name:		Date of Birth:	
Address:			
First Parent/Legal Guardian		Phone:	
Second Parent/Legal Guardian		Phone:	
Emergency Contact Name 1:		Phone:	
Emergency Contact Name 2:		Phone:	
Camp Attending:			

Student Medical Information:

If any medical information previously provided to the school has changed, please ensure that you advise the School Office prior to the camp. The information held by the school will be used in the case of an emergency.

Health conditions

Please tick below even if the information has been previously advised to the school:

<input type="checkbox"/> Asthma	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Bed Wetting
<input type="checkbox"/> Migraine	<input type="checkbox"/> Sleepwalking	<input type="checkbox"/> Travel sickness	<input type="checkbox"/> Behavioural/emotional conditions	
<input type="checkbox"/> Blackouts/fainting/dizziness	<input type="checkbox"/> Phobias	<input type="checkbox"/> Allergy/Anaphylaxis (complete Allergies section)		
<input type="checkbox"/> Other (please specify):				

If the school is not currently aware of this information, contact <insert appropriate school contact point here> as soon as possible to plan for any support or reasonable adjustments required to manage the student's health condition. For example, if your child requires additional overnight support e.g. catheterisation, gastrostomy, blood glucose testing, etc.

Allergies

Please tick below if your child has an allergy, even if the information has been previously advised to the school:

<input type="checkbox"/> Medication/s (please specify): <i>E.g. Penicillin</i>	<input type="checkbox"/> Latex	<input type="checkbox"/> Food/s (please specify):
	<input type="checkbox"/> Animal/s (please specify):	
<input type="checkbox"/> Insect/s (please specify):	<input type="checkbox"/> Other allergies (please specify):	

Please attach information from your child's registered health practitioner detailing the signs and symptoms of a reaction, the first aid or emergency response required, if/when medication should be administered, and the name, strength and dosage of medication to be administered.

If your child has an Action Plan/Emergency response plan, please attach a copy, even if the action plan has previously been provided to the school.

The Camp: Request to Administer Medication section of this form must be completed for any medication that is to be administered to your child in response to the allergy signs/symptoms detailed by their registered health practitioner. Refer below for Medication requirements.

Recent Injury/Illness

Does your child have any current or previous injuries/illnesses that may affect their participation in camp activities?

<input type="checkbox"/> No	<input type="checkbox"/> Yes – Please give details
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Medication:

Will your child require any medically authorised medication(s) on camp?

- Yes – Complete and sign the below Camp: Request Medication Administration section.
- No

If the school is not currently aware of this information, contact <insert appropriate school contact point here> as soon as possible to plan for any medication support, especially if medication is required to aid sleep.

CAMP: Request to Administer Medication

Student Name:		Date of Birth:			
Medical Practitioner's Name:					
Health condition/s requiring medication:					
List all medically authorised/prescribed medications to be administered at camp:					
Name and strength of medication	Dosage	Time to be taken	Additional instructions e.g., with food	Storage	Adverse reaction/s e.g., drowsiness

- I affirm that my child has previously taken the above medication/s and any known adverse reactions/side effects have been listed above. *This may not apply where emergency medication has not been previously administered.*
- I understand that medication will only be administered in accordance with the attached pharmacy label and any additional written instructions (if required) from my child's registered health practitioner.
- I will provide all routine medication in a pharmacy packaged **Blister Pack**.
- I understand that a **Form B – Medication Administration Instruction**, which has been completed by a registered medical practitioner must be provided for all 'as needed'/'as required' medication, and that medication cannot be administered until these instructions are received (with the exception of emergency medication if accompanied by an Anaphylaxis Plan or current Asthma Action Plan).
- I understand that should my child refuse medication, school staff may not be able to administer the medication to my child.
- The medical information provided is a complete and accurate representation of all known physical and psychological factors that may affect my child whilst attending the camp.
- I agree to inform the school if there is a change in my child's health or medication requirements before camp.

Parent/legal guardian Name:			
Parent/legal guardian Signature:		Date:	