



MAJURA PRIMARY SCHOOL

Knox Street, Watson ACT 2602



Phone (02) 6142 3140

admin@majuraps.act.edu.au www.majuraps.act.edu.au

YEAR 5 & 6 CAMP at COOBA 2019 Medical Information and Consent Form

This form is intended to be used to assist the school in the case of any medical treatment required. A copy of each student's form must be taken on the excursion. The Directorate collects the information contained in this form to provide or arrange first aid and other medical treatments for students. The information collected will be held at your child's school and will be made available to staff of the school and to medical or paramedical staff in the case of an accident or emergency. The information contained in the form is personal information and it will be stored, used and disclosed in accordance with the requirements of the *Privacy Act 1998 (Cwth)*. Parents note that in the absence of a specific Plan standard First Aid will be administered.

Student's Surname/Family name: _____ Given/preferred name: _____

Date of Birth: __/__/____ Sex: M F

School: _____ School Year: _____ Camp/Excursion: _____

Parent/Carer: _____

Address: _____

Contact Telephone Nos - Business Hours: _____

After Hours: _____ Mobile: _____

Other Contact for Emergency: _____ Telephone No: _____

Name of Student's Doctor: _____ Telephone No: _____

Medicare No: _____ Private Health Fund: _____ Membership Number _____

Ambulance Fund: **Note:** Parents are responsible for ambulance costs outside the ACT.

Please tick if your child suffers any of the following:

- | | | | | | |
|--|---|--|----|---|--------------------------------|
| <input type="checkbox"/> Anaphylaxis * | <input type="checkbox"/> Allergies | <input type="checkbox"/> Fits | or | <input type="checkbox"/> Nose bleeds | <input type="checkbox"/> Other |
| <input type="checkbox"/> Asthma * | <input type="checkbox"/> Blood pressure | <input type="checkbox"/> Blackouts | | <input type="checkbox"/> Reaction to drugs | _____ |
| <input type="checkbox"/> Diabetes * | <input type="checkbox"/> Eczema | <input type="checkbox"/> Hay fever | | <input type="checkbox"/> Sight/hearing problems | _____ |
| <input type="checkbox"/> Epilepsy * | <input type="checkbox"/> Fainting | <input type="checkbox"/> Headaches | | <input type="checkbox"/> Sun screen sensitivity | - |
| | | <input type="checkbox"/> Heart condition | | | |

Describe what happens for any of the conditions ticked above

If you have ticked any of the boxes above, does your child require specific first aid treatment (that is, specific instructions provided by your child's doctor) in addition to standard first aid treatment?

Yes No

If Yes, a *General First Aid Plan* is to be completed and provided to the school along with specific instructions provided by doctor. This form is available from the school.

Note: For anaphylaxis*, asthma*, diabetes* or epilepsy* conditions, please ask the school for the appropriate First Aid Plan for completion. In the absence of a specific First Aid Plan, standard first aid will be given in an emergency.

Date of last tetanus injection: __/__/____



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Has the student suffered from any acute illness or injury or been treated by a medical practitioner for an illness or injury during the last four weeks? Yes No

If YES, please state nature of illness/injury and obtain a report from the doctor that the student is fit to undertake the camp/excursion _____

Is the student presently taking any medication? Yes No

If Yes, please state name of medication, dosage, etc: _____

NB. If this information should be reflected on the General Medical Information and Consent form kept at the school, please inform the school of the changes and arrange to update the form.

Parents must give written permission and directions for the administration of any medication taken during the excursion. The teacher in charge must be informed about the management of any medication prior to leaving on an excursion. Arrangements need to be agreed on the transport, storage and administration of medication. In all cases medication must be labelled with the student's name, dosage and frequency of administration.

I consent to my child receiving paracetamol for temporary pain relief. Yes No

Are

you aware of any physical or psychological limitations of your child? Please give details.

Is there any other information which you believe may help us to provide the best possible care?

Consent to medical attention. In the case of my child requiring medical treatment or in the case of a medical emergency, I/we consent to the school providing first aid or treatment as outlined in a specific First Aid Plan and I/we further authorise the school, where it is impracticable to communicate with me/us, to arrange for him/her to receive such medical or surgical treatment as may be deemed necessary. I/we also undertake to pay any costs which may be incurred for the medical treatment, ambulance transport and drugs.

Signed (Parent/Carer): Date: __/__/__

Signed (Parent/Carer): Date: __/__/__

This form is intended to be used to assist the school in the case of any medical treatment required or medical emergency involving a student whilst on the excursion. Schools will always call an ambulance if your child's medical condition requires emergency medical assistance.

The Department of Education and Training does not provide any insurance cover for injury, disease or illness to students resulting from school activities or school organised excursions. You should be aware that there is no insurance for personal injury if your child is injured during activity/excursion and should consider whether taking out personal insurance cover for your child is warranted. This might cover contingencies such as medical/hospital expenses, ambulance transport outside the ACT, cancellation of transport/accommodation or loss of/damage to luggage.



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YEAR 5 CAMP at COOBA 2019 DIETARY NEEDS FORM

Please fill in the slip below if your child has any special dietary needs due to food allergies, cultural reasons etc.

Child's Name Class

Teacher.....

Details of dietary needs:

.....
.....
.....

Does your child have any other concerns that need to be brought to our attention (i.e. fear of heights, dark etc)

.....
.....

PERMISSION FOR PG MOVIES

I agree to the student watching PG movies for the duration of the camp, chosen at the teacher's discretion



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YEAR 5 & 6 CAMP COOBA BEHAVIOUR EXPECTATIONS

I understand that the school and class values of RESPECT, RESPONSIBILITY and EXCELLENCE will apply while I am on camp, and that I must demonstrate ROLE MODEL behaviours and obey any special rules, which the camp may have at Cooba. As a representative of Majura Primary School, I am willing to meet these behaviour and safety expectations on camp to ensure a successful and fun time for everyone.

My behaviour is my responsibility and I acknowledge that if I behave in a way that is unsafe or inconsiderate, I may have to miss out on activities while I am at the camp and if I continually misbehave, my parent will be contacted to make arrangements to bring me back from the camp.

Child's signature

Parent's signature

Unacceptable behaviour will be treated as it is normally treated at school, (reminders, time out in a designated spot, and exclusion from an activity) but with the additional factor that the student may be returned to school should the behaviour be extreme or overly persistent. Staff accompanying students on excursions will take all reasonable care while students are in their charge to protect them from injury and to control and supervise their behaviour and activities. Parents should be aware that staff members are not responsible for injuries or damage to property which may occur on an excursion, where, in all circumstances, staff have not been negligent. Parents should warn children of the risk to themselves, to others and to property, of impulsive, wilful or disobedient behaviour. Parents should also be aware that no automatic insurance is provided by the ACT government in respect of injuries to students, non-enrolled children or yourselves should an injury occur.