**Section B**

### Overnight excursions – advice

Accommodation will be at Outdoor Education Experience, Morisset

Travel will be by CHARTER BUS – Road Runner Tours (Bus has seatbelts)

The group will be supervised by Mr. Darnley, Ms. Whitfield and Outdoor Education Experience STAFF. Additional teachers will be provided depending upon the final number of students attending.

Additional information:

### Overnight excursions – response

I understand that my son/daughter will stay overnight at Outdoor Educational Experience, Morisset

### Water or swimming activities – advice

The excursion will involve the following water or swimming activities: CANOEING, SWIMMING, SNORKELING, KAYAKING.

These activities will take place at: Outdoor Education Experiences FACILITIES

The following flotation devices to all students in the water:
ON-SITE LIFE JACKETS

### Water or swimming activities – response

Please advise us if you give your child permission to participate in water activities.

Please also provide details of your child’s swimming capabilities with reference to the distance they can swim and if you would describe them as a strong, average, poor or non-swimmer.

Parent/Guardian Signature ……………………………………………………………….. Date …………………………….

---

Please make payments and return all completed forms to the Front Office at Erina High School

**Week 7** Term 1 $60.00 (5th Mar – 9th Mar)

**Week 9** Term 1 $60.00 (19th Mar – 23rd Mar)

**Week 11** Term 1 $60.00 (2nd Apr – 5th Apr)

**Week 1** Term 2 $50.00 (23rd Apr – 27th Apr)

Total $230.00
The information provided on …………… by ……………………………… is being obtained for the purpose of ascertaining relevant medical information, requirements and other health care related needs about ……………………………….. who is currently enrolled at the school and who may participate in school excursions, sporting activities or other educational or school activities conducted by or in conjunction with Erina High School.

It will be used by officers of the NSW Department of Education and Training to assist planning, to support students, and to minimise risks when conducting school excursions, sporting or other school activities.

Other persons or agencies that may be provided with this information include, but are not limited to, volunteers and members of external organisations who join with the school or are otherwise involved in the planning or delivery of the excursion, sporting or other school activity; and persons that may be called upon to provide health care treatment or other assistance during or as a consequence of such excursions or activities.

Provision of this information is not required by law. However, a failure to provide the information may mean that your child can not participate in a particular excursion or school activity. In such circumstances the school will make available a sound alternative educational experience.

Provision of this information will significantly assist the school in planning a safer educational activity. It will be stored securely. If you have any concerns about provision of this information, please contact the school principal to discuss further.

You may correct any personal information provided at any time by contacting the school office.

Student name: ………………………………………………………………… Class: …………………..

Medicare number (optional) …………………………………………………

<table>
<thead>
<tr>
<th>Parent or caregiver contact details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: ……………………………………………………………………………………………………………………………</td>
</tr>
<tr>
<td>Address: ……………………………………………………………………………………………………………………………</td>
</tr>
<tr>
<td>Home Phone: ……………………… Work: ……………………… Mobile: ………………………………………………………</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Doctor contact details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: ……………………………………………………………………………………………………………………………</td>
</tr>
<tr>
<td>Address: ……………………………………………………………………………………………………………………………</td>
</tr>
</tbody>
</table>

Doctors Telephone: 1. ………………………………… 2. ………………………………………

<table>
<thead>
<tr>
<th>Emergency contact(s) details (nominated by the parent or caregiver as alternate contact)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Name: ……………………………………… Phone: ………………………………………………………</td>
</tr>
<tr>
<td>2. Name: ……………………………………… Phone: ………………………………………………………</td>
</tr>
</tbody>
</table>

List existing medical conditions or illnesses (include asthma, diabetes, epilepsy, allergies etc.).

Outline the treatment for each.

Outline special dietary needs including possible reaction to inappropriate diet

Medication(s) to be administered during the excursion. Include name of medication, instructions for administration, time of administration, and any possible reactions

Signature: …………………………………………… Date: …………………….. Please return this form by: 24/2/2010
OUTDOOR EDUCATION EXPERIENCE MEDICAL, ACTIVITY RESTRICTION AND
CONSENT FORM

Please complete the Medical, Activity Restriction and Consent Form and return with the nominated deposit to
the school office or the teacher/s responsible for organising the camp at your son/daughter’s school.

Total Cost per student $ ………. - ….. (inc. GST)
Initial Deposit $ ………. - ….. Due Date: ….. / ….. / ……..
Remaining Payment of $ ………. - ….. Due Date: ….. / ….. / ……..

Please make any cheques payable to: ...........................................................................................................

Participant Details
Surname: ........................................................................ Gender: □M / □F
Given Name/s: ........................................................................ Date of Birth: ….. / ….. / ……..
Address: ........................................................................

Emergency Contact Details
□Parent / □Guardian / □Contact Person: .................................................... (Name in Full)
Telephone: .................................................... ............................................ ................................
(Home) (Business) (Mobile)

Medical Information
Medicare No: .................................................... Ambulance Cover: □Yes / □No
Position on Medicare Card (eg. 1,2): .................. Medicare Expiry: ....................................................
Private Health Insurance Fund: □Yes / □No
Fund Name: .................................................... Fund Policy No: ....................................................

Please answer the following medical questions regarding your son/daughter:

1. Is your son/daughter in good health? □Yes / □No
2. Does your son/daughter suffer any chronic illness, or disability? □Yes / □No
   If yes, please specify: ...........................................................................................................................
   ..............................................................................................................................
3. Does your son/daughter need to take any form of medication on camp? □Yes / □No
   If yes, please specify: (dose, frequency etc.) ..............................................................
   ..............................................................................................................................
   Does the medication need refrigeration? □Yes / □No
4. Has your son/daughter suffered from any acute illness during the past four months? □Yes / □No
   If yes, please specify: ...........................................................................................................................
   ..............................................................................................................................
5. Has your son/daughter had any major surgery (knee, back, heart, etc.)? □Yes / □No
   If yes, please specify: ...........................................................................................................................
6. Has your son/daughter been treated by a doctor during the last four weeks? □ Yes / □ No
   If yes, please attach a doctors report with instruction about medical treatment and a certificate stating that the participant is fit to attend.

7. Does your son/daughter have any allergies? (insects, food, medication, etc.) □ Yes / □ No
   If yes, please specify: ……………………………………………………………………………………………
   …………………………………………………………………………………………………………………

8. Does your son/daughter have any special dietary requirements? □ Yes / □ No
   If yes, please specify: ……………………………………………………………………………………………
   …………………………………………………………………………………………………………………

9. Does your son/daughter:  wet the bed? □ Yes / □ No
    sleep walk? □ Yes / □ No

10. Has your son/daughter had the Diphtheria Tetanus Toxoid booster injection? □ Yes / □ No
    If yes, what date was the last booster given? … / … / …

11. Do you give permission for Panadol to be administered to your son/daughter if required? □ Yes / □ No

**Activity Restrictions**

All activities are instructed by qualified instructors and at all times are supervised and accompanied by your son/daughter’s school teachers.

Please read the sample program of activities for your son/daughter’s school in conjunction with the Outdoor Education Experience Activity List. If you do not want your son/daughter to participate in any particular activity or activities, please write them in the space provided and notify your son/daughter of the activity or activities for which they are to be excluded:

………………………………………………………………………………………………………………………………
…………………………………………………………………………………………………………………………

Is your son/daughter permitted to participate in swimming/water activities? □ Yes / □ No

If no, please inform your son/daughter that they are not to participate in any swimming/water activities.

How do you rate your son/daughter swimming ability?
□ Non Swimmer □ Average □ Competent (swim more than 50m)

**Parent or Guardian Consent**

In the event of any accident or illness and I am unable to be contacted, I authorise the obtaining of such medical assistance on my behalf that my son/daughter may require. I also agree to cover medical fees and/or cost of such assistance that may be incurred while my son/daughter is with Outdoor Education Experience.

Wilful damage of property while with Outdoor Education Experience will be paid for either by the student involved or by their parent/s or guardian.

I have read my son/daughter’s sample program and have made them aware of the camp guidelines.

…………………………………………………………………………………………………………………………………..
(Son/Daughter’s Full Name)

Signature of Parent/Guardian ………………………………………………………… Date: … / … / …

D:\Camp\2012 Medical and Consent Forms.doc