Medical Information Form – Camps and Overseas Excursions

The Department of Education requires the information requested in this form for all students participating in camps and overseas excursions, to plan for and support the health care needs of students.

This form is to be completed by a parent/carer prior to their child going on a camp (overnight excursion) or overseas excursion. The information provided must be current at the time of the camp or overseas excursion. Parents/carers will also receive detailed information about the excursion/program prior to participation and be provided with a parent consent form. Any questions about excursions will be answered by the school.

First Aid and Medical Assistance
If there is a situation or incident which requires first aid to be administered to a student, school staff will administer first aid that is reasonably necessary and appropriate to their level of training. School staff will also seek emergency medical attention for a student if it is considered reasonably necessary. In the event that a student needs medical attention during the camp or overseas excursion, school staff will contact their parent/carer as soon as practically possible.

Parents/carers are responsible for all medical costs if a student becomes ill or injured on a school approved excursion unless it is found that the illness or injury was caused by the Department of Education failing to discharge its duty of care. For camps, parents/carers can purchase student accident insurance cover from a commercial insurer if they wish to. Department policy requires schools to ensure families obtain insurance for all overseas excursions, the school will provide further information.

Privacy Statement
The personal and health information collected in this form, and attachments, will be managed securely and accessed only by staff and volunteers, on a need-to-know basis, and in accordance with the Department of Education Schools' Privacy Policy which applies to all government schools (available at: http://www.education.vic.gov.au/Pages/schoolsprivacypolicy.aspx) and the law. In the event of a medical emergency, information will be provided, as required, to emergency services and medical practitioners.

Excursion/program name: Teacher to fill this in
Date(s): Teacher to fill this in

Student's full name:

Student's address:

Postcode:

Date of birth: Year level:

Parent/carer's full name:

Emergency telephone numbers: A*fter hours* *Business hours*

Name of person to contact in an emergency (if different from the parent/carer):

Emergency telephone numbers: *After hours* *Business hours*

Please ensure the person you list here is aware you have provided their contact information for this purpose

*MedicAlert number (if relevant):	
Medical/hospital insurance fund:	Member number:
Ambulance subscriber? ☐ Yes ☐ No	If yes, ambulance number:

Is this the first time your child has been away from home? ☐ Yes ☐ No

Medical History
Please tick if your child is living with any of the following health conditions:

☐ Asthma (if ticked complete Asthma Management Plan)

☐ Anaphylaxis (if ticked review and update the Individual Management Plan)

☐ Bed wetting ☐ Blackouts ☐ Diabetes ☐ Dizzy spells ☐ Migraine

☐ Heart condition ☐ Sleepwalking ☐ Travel sickness ☐ Seizure of any type

☐ Other (include **any other diagnosed medical or mental health condition**:

_____

_____

_____

_____

Please also attach any relevant documentation and list below, for example, letter from treating practitioner, Student Health Support Plan, General Medical Advice Form or any other information that might be applicable.

_____

_____

_____

_____

Allergies
Please tick if your child is allergic to any of the following:

☐ Penicillin ☐ Other Drugs: _____

☐ Foods: _____

☐ Other allergies: _____

What special care is recommended for these allergies? _____

_____

Year of last tetanus immunisation: _____
(Tetanus immunisation is normally given at five years of age (as Triple Antigen or CDT) and at fifteen years of age (as ADT))

Surgical History
Has your child had any past or upcoming surgeries?

☐ Yes
☐ No

If yes, please provide more information including age of child at the time of surgery, nature of surgery:

_____

_____

Medication
Is your child taking any medicine(s)? ☐ Yes ☐ No
If yes, provide the name of medication, dose and describe when and how it is to be taken.

_____

_____

All medication must be given to the teacher-in-charge. All containers must be labelled with your child's name, the dose to be taken as well as when and how it should be taken. The medications will be kept by the staff and distributed as required.

Inform the teacher-in-charge if it is necessary or appropriate for your child to carry their medication (for example, asthma puffers or insulin for diabetes). A child can only carry medication with the knowledge and approval of both the teacher-in-charge and their parent/carer.

Further Information

Is there anything else about your child's health and wellbeing or medical history that is important for us to know?

_____

_____

_____

_____

I declare that all information provided is current and accurate:

Signature of parent/carer (names above) _____

Date:

*MedicAlert is a 24/7 international emergency response service that shares your vital information directly to those who need it.