Ballarat High School

Year 7 Camp 2025 Consent & Confidential Medical Report Form

My child: _____ Home Group: _____
(office use only)

will be attending the Year 7 Camp at Alexandra Adventure Resort March 2025. YES ☐ NO ☐

If no, please provide reason: _____

_____

PARENT/CARER'S NAME: _____ PHONE NUMBER: _____

SIGNATURE: _____ DATE: _____

If YES is selected for attending the Year 7 Camp, please complete the required information below:

This consent and medical report form is requested to assist us care for your son/daughter. All information is held in confidence.

Is your child presently taking tablets and/or medication? YES ☐ NO ☐
If YES, please state the condition requiring medication, name of medication, dosage, time etc.:

_____

ALL MEDICINES MUST BE HANDED TO THE TEACHER-IN-CHARGE PRIOR TO LEAVING FOR CAMP, YOUR CHILD'S NAME, DOSE & TIME TO BE TAKEN MUST BE CLEARLY MARKED ON THE PACK. (All medication will be kept in the First Aid Centre and distributed as required.) PLEASE DO NOT ALLOW YOUR CHILD TO BE IN POSSESSION OF ANY MEDICINE WHILST ON CAMP

NAME OF FAMILY DOCTOR: _____

ADDRESS: _____ TELEPHONE: _____

AMBULANCE MEMBER: YES ☐ NO ☐ Number: _____

* BHS has no ambulance cover. Please note that parents/carers are responsible for all costs incurred by their child for all medical treatment and emergency transport if required.

Is this the first time your child has been away from home? YES ☐ NO ☐

Please tick if your child suffers any of the following:
Further information may be requested if not previously supplied to the school.

☐ Asthma	☐ ADHD/ADD	☐ Diabetes (please note BSL)	☐ Epilepsy
☐ Anaphylaxis	☐ Sleepwalking	☐ Bed Wetting	☐ Heart Conditions
☐ Dizzy spells/Blackouts	☐ Migraines	☐ Travel Sickness	☐ Fits of any type
☐ Autism	☐ Other: _____		

List and provide details of all medical conditions, recent or pre-existing injuries, major surgical procedures, physical or psychological limitations or conditions that could affect your child on camp:

_____

_____

Please tick if your child suffers allergic reactions to any of the following:

☐ Penicillin ☐ Other Drugs: _____

☐ Foods (state names): _____

☐ Other: _____

What special care is recommended for these allergies? _____

Special Dietary Requirements: Vegetarian, Gluten Free, Dairy, Nuts, Eggs etc. please specify:

_____

Year of last tetanus immunisation: _____

Tetanus immunisation is normally given at four years of age (as Triple Antigen) and at fifteen years of age (as ADT). If over 10 years since last immunisation, please tick if booster is to be arranged by parents before the camp.

Yes ☐ Booster Date: _____ No ☐

PARENT/CARER AGREEMENT and CONSENT:

Medical Treatment:

I authorise the teacher in charge of the Year 7 Camp to consent, where it is impracticable to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary and have recorded any medical information, which may be useful in the event of an emergency.

Administration of Paracetamol:

Current first aid regulations prevent staff from supplying students with paracetamol for the temporary relief of minor pain without the permission of a parent/carer.

I agree to my child being given paracetamol, if it is thought to be necessary, by a Level 2 First Aid trained staff member.

Payment of Costs:

I agree to pay (or make arrangements to pay) the school all costs associated with the Year 7 Camp prior to departure, as per School Council Policy.

Transport Arrangements:

If the camp/excursion is returning to school after school hours, I will make suitable arrangements for my child to return home after being dismissed from the bus at the school.

Camp Rules:

I agree that my child will follow all school and camp rules and will not take a MOBILE PHONE, LAPTOP OR ANY OTHER ELECTRONIC DEVICE on camp. I understand that any serious breach of the rules will result in my child being returned home at my expense and the offending item(s) confiscated.

PARENT/CARER'S SIGNATURE: _____ Date: _____

STUDENT CAMP AGREEMENT:

I have discussed the camp rules with my parents/carers. I understand that any serious breach of the rules will result in me being returned home at my family's expense and the offending item confiscated.

STUDENT'S SIGNATURE: _____ Date: _____

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