



Arthur's Pass Outdoor Education Camp Medical Form

STUDENT INFORMATION

Name:

Date of Birth:

Home Address:

Mother's/Guardian's Name

Ph

Father's/Guardian's Name

Ph

Emergency Contact

Name

Relationship

Home Ph

Work Ph

Mobile

MEDICAL INFORMATION

Are there any ailments or behaviours which staff should know about? *Please tick below*

- | | | |
|-----------------------------------|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Bed wetting | <input type="checkbox"/> Behaviour/emotional |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Travel sickness | <input type="checkbox"/> Blackouts/dizzy spells |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Sleep walking | <input type="checkbox"/> Recent injury/recent illness |
| <input type="checkbox"/> Cold/flu | <input type="checkbox"/> Anaphylaxis | <input type="checkbox"/> Other (please specify) |

Additional Information:

MEDICATION

Is your child taking any medication? Yes No

If yes, please provide the name of the medication, does and describe when and how it is to be taken.

Date of last tetanus injection

Family Doctor

ALLERGIES

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

- | | | | |
|--------------------------------------|--|-------------------------------|--|
| <input type="checkbox"/> Penicillin | <input type="checkbox"/> Ibuprofen | <input type="checkbox"/> Food | <input type="checkbox"/> Other allergies |
| <input type="checkbox"/> Paracetamol | <input type="checkbox"/> Any other drugs | <input type="checkbox"/> Nuts | |

What should we know about these allergies:

My child carries an epi-pen

SWIMMING ABILITY

Please tick what distance your child can swim comfortably:

- | | | | |
|--------------------------------------|--|----------------------------------|--------------------------------|
| <input type="checkbox"/> Cannot swim | <input type="checkbox"/> Less than 50m | <input type="checkbox"/> 50-100m | <input type="checkbox"/> 100m+ |
|--------------------------------------|--|----------------------------------|--------------------------------|



Arthur's Pass Outdoor Education Camp Consent Form

TRIP CONSENT

As parent/guardian of....., I hereby give consent for him/her to participate in camp at Arthur's Pass Outdoor Education Centre.

I also acknowledge/understand the following: *(Please tick)*

MEDICAL SIGN OFF

- I understand the attached medical form will be used to ensure my child's safety and agree to the information being shared with teachers/supervisors/outdoor instructors or any medical professional responsible for the care of my child.
- If there is an accident/incident with my child I authorise qualified medical practitioners to take necessary steps to ensure their wellbeing.
- I have filled out the attached Medical Form with all the relevant information that will be required for this camp.

BEHAVIOUR AND SAFETY MANAGEMENT

- Teachers/supervisors/outdoor instructors may take necessary disciplinary action to ensure my child's safety and wellbeing while on camp.
- If my child's actions or behavior are deemed to be seriously inappropriate, I agree to the school taking action to remove them from activities/or returned home. This will be done though the teacher in charge and principal of the school.
- I have read the programme and understand and agree to my child's participation in all activities outlined in this programme.
- I understand the group leader (teacher in charge) will endeavor to contact me in an emergency.
- I acknowledge that while the school board/teachers/supervisors/APOEC instructors will make every reasonably practicable effort to ensure my child's safety, there are inherent risks associated with these activities that cannot be foreseen and are beyond the control of the school board/teachers/supervisors/APOEC instructors.

If you have any questions regarding your child's camp, please feel free to contact us on
APOEC office (03) 318 9249

Signature:

Date: