



REDWOOD PARK SCHOOL

STUDENT HEALTHCARE INFORMATION

- Please use BLOCK letters when filling out this form

Students Full Name:

Date of Birth:

Does the student have any medical condition or other healthcare concern? **Yes / No**

If 'yes' give details below.

.....

.....

.....

Are you aware of any medical/healthcare emergency that could arise? **Yes / No**

If 'yes' give details below.

Type of Emergency and how to recognise it:

Avoidance precautions:

Emergency treatment:

Does the student take any prescribed medication, including inhalers? **Yes / No**

If 'yes' give details below.

Medication	Dose	When & How taken	Side Effects?

Is the student immunised against tetanus? (If in doubt, ask your doctor) **Yes / No**

Date of last tetanus booster?

If the student is covered by a private health/medical and/or ambulance fund, give details below:

Health Fund	Benefit Tables	Membership No.	Ambulance Fund No.

*See footnote regarding confidentiality and essential nature of this information on 'Consent for Excursion/Camp' form.

Please attach extra sheets if required.



Government of South Australia

Department for Education



CONSENT FORM FOR CAMP/EXCURSION

(To be completed in conjunction with medical information and activity information sheets)

Please use block letters when filling out this form

As a parent/guardian of: STUDENT/CHILD'S NAME	
I: PARENT/GUARDIAN NAME	

give my consent for him/her to participate in:

NAME OF ACTIVITY	
LOCATION	
DATE (S) inclusive	
PROGRAM / PLANNED ACTIVITIES	Program Attached <input type="checkbox"/>
NUMBER OF STUDENTS	
TEACHER IN CHARGE	
OTHER TEACHERS & LEADERS	
TRANSPORT ARRANGEMENTS	
COST	

The school/preschool will use the student's current Health Care Plan unless otherwise instructed.

Has a current Health Care Plan been provided to the school/preschool? Yes ☐ No ☐

If No, please provide an updated Health Care Plan to the school/preschool on completion of this form. ↵

Agreement

- I agree to pay for the cost of this activity. I acknowledge that my child will not participate in this activity unless payment or a written commitment to pay has been received prior to commencement
- I agree to delegate my authority to supervising teachers/instructors. Such supervisors may take whatever disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of the students as a group and individually.
- In the event of an accident or illness and contact with me being impracticable or impossible, I authorise the teacher-in-charge to arrange whatever medical or surgical treatment a registered medical practitioner considers necessary. I will pay all medical and dental expenses incurred on behalf of my child.
- I have also attached additional or updated health care information, including details of any additional health support he/she requires to undertake the above activities safely. I also consent to my child's doctor or medical specialist being contacted in an emergency.
- The information given is accurate to the best of my knowledge.

Signed: _____

Date: / /

Emergency Contacts - Parent/Guardian

NAME			
ADDRESS		CONTACT PHONE	
EMERGENCY CONTACT		PHONE	
Student Medic Alert Number (If applicable):			

*Any health care information provided is not intended to prevent your child participating unless specific medical advice warrants exclusion. The health care information you supply to the school/preschool will be treated confidentially. Such information is sought in order to protect and assist the student so the activity may be a safe and enjoyable experience. Please contact the teacher-in-charge if you wish to discuss any health care problems.

The DECD CAMPS & EXCURSIONS GUIDELINES FOR SCHOOLS & PRESCHOOLS is available at:
<http://www.decd.sa.gov.au/docs/documents/1/CampsandExcursionsGuide.pdf>