



Queen of Peace Parish Primary School

62 Everingham Road, Altona Meadows, 3028

(03) 9369 2581

www.qopaltonameadows.catholic.edu.au

Camp Information Form

This form must be completed in full before camp.

Name of Child		Year level	
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Home Address			
Home phone			

Name of Mother			
Phone Mobile		Phone Work	

Name of Father			
Phone Mobile		Phone Work	

Please give details of a person who may be contacted in case of emergency, where parents are unable to be contacted.

Emergency contact Name	
Phone	
Relationship to child i.e. Relative/Friend etc.	

Camp Information Form

Name of Doctor	
Address	
Phone	

Medicare No.	
Ambulance Subscriber	Yes <input type="checkbox"/> No <input type="checkbox"/>

Medical / Hospital Insurance Fund (if applicable)	
Contribution No.	

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

Year of last tetanus immunisation:	
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Please tick your child suffers any of the following:

Anaphylaxis If yes, an Anaphylaxis Action Plan with Epipen must be provided

Asthma If yes, a current Asthma Action Plan must be provided together with medication required

Bed Wetting

Heart Condition

Blackouts

Headaches

Dizzy Spells

Sleepwalking

Fits of any type

Travel Sickness

Other

Camp Information Form

Allergies

Please tick if your child is allergic to any of the following and provide details of any special care recommended for these allergies.

Penicillin

Foods:

Other Drugs:

Other allergies:

What special care is recommended for these allergies?

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.....

Please provide full details of any problems either medical or physical that would limit your son / daughter's full participation in any activity:

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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.

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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 yourself.

Camp Information Form

Parent/Student Contract

Camp organisers realise the responsibility parents give them when allowing your child to attend a camp and, therefore, endeavour to cover all eventualities. The organisers, like parents, place trust in the student to demonstrate sensible behaviour at all times. All camps are an extension of school and carry the same rules and restrictions. In addition the campsite usually has a set of conditions which must be observed. Students failing to comply with this contract may be returned to home/school at their parent's expense.

Parents

Where the teacher-in-charge of the excursion is unable to contact me, or it is otherwise impracticable to contact me, I authorise the teacher-in-charge to:

Consent to my child receiving any medical or surgical attention deemed necessary by a medical practitioner.

Administer such first-aid as the teacher-in-charge judges to be reasonably necessary.

Signed
Parent / guardian

Date

Students:

I understand and agree to abide by all camp rules and restrictions. I also agree that if I infringe any of the same, either verbal, written or traditionally understood, I may be returned to my home/school at my parent's expense.

Signed
Student

Date