

Student Medical Form – To be completed by Parent/Guardian

Confidential

The purpose of this form is to help us prepare for your child's participation on camp. This information is confidential and students will not normally be excluded for medical reasons.

SCHOOL: _____ **Form/Class:** _____

STUDENT'S NAME: _____ **D.O.B:** ___/___/____ **Male** **Female**

Parent or Guardian – Primary Emergency Contact:

Name: _____ **Relationship:** _____

Phone: (Home): _____ (Work): _____ (Mobile): _____

Medicare No: _____		Doctor's Name: _____	
Line #: _____ Valid to: _____		Telephone: _____	
MEDICAL HISTORY	Tick Yes or No to all questions	Additional information: <i>Details regarding; seriousness, location, date, level of recovery, self-management strategies, required support</i>	
Asthma	[] No [] Yes	→ If YES, complete the " Asthma Management Form "	
Allergies	[] No [] Yes	→ If YES, complete the " Allergic Reaction Management Form "	
Diabetes	[] No [] Yes	→ If YES, attach current management and camp care plan. A Fitness to Participate form signed by treating doctor will also be required.	
Epilepsy	[] No [] Yes	→ If YES, a Fitness to Participate form signed by treating doctor will also be required. Include information on triggers, last episode, medications.	
Joint/Muscle/Skeletal issues?	[] No [] Yes		
Sight/Hearing impairment	[] No [] Yes		
Any serious injuries/illness in the last 12 months?	[] No [] Yes	<i>Date and Nature of injury/illness</i>	
Is your child currently on any medications?	[] No [] Yes	<i>Name of medication, reason, dosage and requirements (e.g. with food, AM or PM)</i>	
Other: medical condition(s) that may affect participation?	[] No [] Yes	<i>Any physical health issue(s) that require attention or specific support</i>	
Other: learning, psychological, emotional or behavioural issues?	[] No [] Yes	<i>Any concern(s) that require attention or specific support (e.g. management strategies for a successful experience)</i>	
DIETARY Any special requirements?	[] No [] Yes	<i>Details to assist in menu planning (e.g. vegetarian, will eat fish; gluten-free, separate stove), including any food allergies</i>	

SWIMMING ABILITY My child can swim 50 metres	[] No	[] With a struggle	[] Comfortably	[] Strongly
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Please Note: After reviewing information provided in this form we may require that your son/daughter visits a doctor to gain approval to participate. If we believe this is necessary we will first discuss this with you.

Office use only:

I declare that the information I have provided in this form is complete and correct and that I will notify the school if any changes occur. I authorise the teacher or any member of the outdoor program team who is with my child, to give consent where it is impractical to communicate with me, and agree to my child receiving such medical or surgical treatment as may be deemed necessary. I give permission for program team members to pass this information to a third party (e.g. Doctor, Hospital) to facilitate the medical treatment of my child. I give permission for the University of Melbourne to retain this form for statutory archival requirements, noting that I can access it by appointment as per the Privacy Policy documented on the program website: (oeg.org.au).

Parent/Guardian Name: _____ **Signed:** _____ **Date:** _____

Photograph Consent: I consent to my child being photographed and/or videotaped during activities for use in OYPRA publications and website, or for research or publicity purposes without acknowledgment and without being entitled to any remuneration or compensation. (*Strike out this sentence if you do not consent*)