

MEDICAL INFORMATION SHEET FOR CAMPS & EXCURSIONS

Student's Name _____ Medic Alert Number _____

Address _____

Phone: Home _____ Mobile _____ Emergency _____

Does your child have a health care need that may impact on his/her participation and/or safety?

If **YES**, use the boxes below to indicate your child's health care needs.

Health Condition/Medications	Child has this condition	Care plan provided to school	Additional Information
Medications	YES/NO	YES/NO	Note: medication authority required
Anaphylaxis/Severe Allergies	YES/NO	YES/NO	
Asthma	YES/NO	YES/NO	
Diabetes	YES/NO	YES/NO	
Epilepsy	YES/NO	YES/NO	
Heart Problems	YES/NO	YES/NO	
Phobias (Confined Spaces/Heights)	YES/NO	YES/NO	
Respiratory Problems	YES/NO	YES/NO	
Other Relevant Conditions	YES/NO	YES/NO	

The department's health support guidelines require that a care plan is provided if your child requires health interventions while in the care of education staff. These care plans are signed by your child's treating health professional and detail health care procedures and/or emergency responses. You may have already provided the school with care plans (e.g. diabetes, epilepsy, asthma) for care during school hours. Staff supervising this camp will use the medical information (care plans and medication authorities) you have already provided so please check that these plans cover the care needed for camps/overnight stays. For example, some camps may involve additional physical activity. Please contact the teacher-in-charge as soon as possible if you think your child may need health care support in addition to that already provided during school hours. Teachers need sufficient time to arrange extra assistance for health support.

A medication authority is needed for **all medications** administered...including those self administered by your child. Staff will determine if it is safe for medication to be carried by your child or stored in a secure accessible place.

Care plans are available from the school or www.chess.sa.edu.au > A-Z Health Index > Forms for health professionals.

ADDITIONAL INFORMATION (e.g. restrictions on participation in activities)

.....
Parent / Caregiver name

.....
Parent / Caregiver signature

.....
Date