

YEAR 7 2022 ORIENTATION CAMP CONSENT FORM AND CONFIDENTIAL MEDICAL REPORT



The following details refer to an excursion/camp in which your child is to participate and should be read carefully. This form is compiled to assist us in case of any eventuality. Parents are requested to provide the following important information and all information provided will be treated confidentially. This form will be taken on the excursion/camp and a photocopy left at the General Office.

Please note that where a withdrawal from an excursion/camp incurs a cost to the school, no refund will be available.

STUDENT DETAILS

Student Name Year 7 Class
 Student's Address Post Code
 Date Of Birth Parent/Carer Contact Number

DETAILS AND LOCATION OF ORIENTATION CAMP

Activity: Year 7 Orientation Camp 2022

Camp 1 - 7A/E/J/N 14/02/22 - 16/02/22	Camp 2 – 7B/F/K 16/02/22 - 18/02/22	Camp 3 - 7C/G/L 28/02/22 - 2/03/22	Camp 4 – 7D/H/M 2/03/22 - 4/03/22
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Location Golden Valley Lodge, Flinders
Transport Private Coach
Point Of Departure Frankston High School, 7 – 10 Campus car park **Departure time** 9.30am
Point Of Dismissal Frankston High School, 7 – 10 Campus car park **Return time** 2.30pm - 3.00pm
Teacher In Charge **Darin Joyce** **Cost** **\$275.00**

PARENT/GUARDIAN INFORMATION

A. Parent/Carer Name Phone After Hours Business Hours
 B. Parent/Carer Name Phone After Hours Business Hours

EMERGENCY CONTACTS (If parents/carers cannot be contacted during the excursion)

A. Name Phone After Hours Business Hours
 B. Name Phone After Hours Business Hours

MEDICAL INFORMATION

Doctor's Name Phone Number
 Is your child presently taking tablets and/or medicine? *(please tick)* YES NO

If YES, please state name of medication, dosage, etc. If your child is taking medication when camp commences, please contact teacher in charge. **Please ensure that all medication is given to the teacher in charge of the excursion.**

Medicare Number Ambulance Subscriber YES NO MEMBER NUMBER

Please **TICK** if your child suffers any of the following:

Bed Wetting	Blackouts	Diabetes	Dizzy Spells	Epilepsy	Fits of any type
Hayfever	Heart Condition	Headaches	Migraine	Sleep Walking	Travel Sickness

Please **TICK** if your child suffers any of the following:

- ASTHMA * IF YOUR CHILD SUFFERS FROM ASTHMA, PLEASE COMPLETE THE **SCHOOL ASTHMA ACTION PLAN**
THIS MUST BE PROVIDED BEFORE COMMENCING SCHOOL CAMP
- ANAPHYLAXIS * IF YOUR CHILD IS ANAPHYLACTIC, AN **ACTION PLAN FOR ANAPHYLAXIS** MUST BE PROVIDED FROM
YOUR DOCTOR AND A FACE TO FACE MEETING MUST BE ORGANISED BEFORE COMMENCING SCHOOL CAMP
- ALLERGIES ANY FOOD TYPE PENICILLIN INSECTS OTHER * IF YOUR CHILD SUFFERS FROM AN ALLERGIC REACTION, PLEASE COMPLETE
THE **ACTION PLAN FOR ALLERGIC REACTIONS** – THIS MUST BE
PROVIDED BEFORE COMMENCING SCHOOL CAMP.

Of any other medical or psychological conditions which may need to be known in an emergency, please give details below or contact the teacher in charge of the excursion/camp. Our past experience has indicated that in an emergency we may need to be aware of any previous medical or psychological condition or treatment.

What special care is recommended?

Is this the first time your child has been away from home? YES NO

If over 10 years since last tetanus immunisation, please indicate if booster is to be arranged by parents before excursion: YES NO

Student's Blood Group (if known)

Date of last Tetanus Immunization (if known)

SWIMMING COMPETENCY

Please indicate your child's swimming ability: Strong Fair Weak Non-Swimmer

Additional information

ACCIDENT AUTHORITY

Please sign this statement, required by the DET (Department of Education and Training) for all children attending school camps or excursions. By signing this consent and medical report (either electronically or hand written) I give permission for my son/daughter (whose name and year level are printed on previous page) to take part in the excursion/camp, the details of which are described previously on this form. I authorise the teacher in charge of the excursion/camp to consent, where it is impracticable to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary. I also authorise the teacher in charge to have my child transported by ambulance where deemed necessary, whether an ambulance member or not.

Parent/Carer Full Name

Parent/Guardian Signature

Date

SPECIAL DIETARY REQUIREMENTS/ALLERGIES

In order to cater for all students on the Orientation Camp in February 2022, we need to be aware of any dietary requirements/allergic reactions for your son/daughter. Please complete section below.

My son/daughter has a special dietary requirement (*please tick*) YES please provide details below NO

I give permission for my child's photograph to be taken and/or used for school related promotion eg: Newsletter and Yearbook.

Please allocate my Camps Sports Excursions Fund (CSEF) of \$225 and I agree to pay the balance of \$50.
Please Note: If you are eligible for the CSEF (Camps Sports and Excursions Fund) of \$225 and have completed the CSEF application form (provided online via Transition Pack 2), you have the option to apply the CSEF amount to the camp cost and only pay the reduced amount of \$50. If this is the case, please amend your payment amount to \$50 for the Year 7 2022 Orientation Camp when completing your fee schedule payment on Compass.

**The Year 7 2022 Orientation Camp fee is included in the 2022 Fee Schedule.
Payment via Compass by Friday 10 December 2021.**