

STUDENT'S PERMISSION AND HEALTH FORM SCHOOL CAMP – 2022

*Please return this permission sheet to the classroom teacher by **Friday 11 March 2022** indicating permission is given to attend Camp*

Childs Name..... **Room No:**

Has permission to attend the Northcote Intermediate School Camp as part of the Outdoor Education Programme, and we will ensure they have the necessary gear. **YES / NO**

I give consent to my child's photos and video footage to be used as part of a record of camp **YES / NO**

Signed: **(Parent/Caregiver)**

Name: **Relationship to Student**

Health:

To the best of my knowledge my child **has / has not** (please circle appropriate response) been in contact with any infectious diseases in the past four weeks eg: Coronavirus, measles etc.

My child is up to date with his/her tetanus immunisations. **YES/NO**

My child is allergic to bee/wasp stings. **YES/NO**
(If yes, please advise and supply any required medication)

My child is prone to hay fever or allergies? **YES/NO**
(If yes, please provide antihistamine tablets)

I give the school permission to give my child Panadol if needed. **YES/NO**

Please state any medical condition(s) your child has and/or special care the camp staff should be aware of, including any anxiety or toileting issues

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ALL MEDICATION IS TO BE IN A PLASTIC BAG, CLEARLY LABELLED WITH NAME, ROOM NUMBER AND TEACHER AND MUST BE LEFT IN THE SCHOOL OFFICE BY WEDNESDAY 30 MARCH.

If you have any health/medical concerns about your child attending camp, please contact their classroom teacher at your earliest convenience so we can ensure they have a successful and rewarding experience.

Should your child require medical attention we will contact you as soon as possible. Should hospital care be necessary, a parent/guardian would be required to meet us at the hospital as soon as possible.

Swimming:

The camp is a water based camp. Whenever students are in the lake, they will be wearing life jackets (including swimming, kayaking, boating). However, it is helpful for us to know the swimming ability of each student. Please circle the number that best relates to your child's swimming ability.

- 1
Can't swim at all
- 2
- 3
Good swimmer
- 4
- 5
Swims like a fish!

Emergency Contacts:

Please list details of parents/caregivers and also an alternative emergency contact.

Name..... Mobile.....
Relationship..... Work.....
Address..... Home.....

Name..... Mobile.....
Relationship..... Work.....
Address..... Home.....

Name..... Mobile.....
Relationship..... Work.....
Address..... Home.....