

Ponsonby Intermediate School Camp 2020 Confidential Medical Report and Consent Form



Student's Name:	DOB:
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Parent/Caregiver's Name:

Email Contact:

Mobile:	Alternate No:
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Emergency Contact Name: (other than the above contact)	Mobile:
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Relationship to Student:

Parent/Caregiver Consent

In signing this part of the medical form, I give consent for my child to participate in Ponsonby Intermediate School's Camp Programme in Term 4 from 13th October to 16th October. I agree that they should take part in such activities and duties as may be required by staff.

- I authorise obtaining on my behalf any medical assistance, if, in the opinion of the staff, such treatment is necessary, and agree to meet any cost incurred
- I understand that the school will not accept responsibility for loss or damage of personal property (check own household policy)
- Should my child be involved in a serious disciplinary problem I accept that they may be sent home at my expense

Signature: _____ **Date:** _____

Medical Information

Is your child presently taking any tablets and/or medicine? YES / NO

If YES, please state the name of the medicine and the dosage: _____

Note: All medicines must be handed to the teacher-in-charge prior to leaving, with child's name, room number, dosage and clearly labelled when it is to be given. Please do not allow children to be in possession of any medication whilst on the trip, with the exception of those using inhalers for asthma on a self-monitoring basis. It is very important that you disclose ANY medical conditions that may affect your child's safety or the safety of others.

Permission to give Panadol if needed? YES / NO

Permission to give antihistamine if needed? YES / NO

Please tick if your child suffers from any of the following:

Heart Condition Dizzy Spells Sleep Walking Migraines Travel Sickness
Asthma

Blackouts Seizures

Any other please specify: _____

Any allergies to:

Penicillin Foods Medication Insects

Any other please specify: _____

Is your child a vegetarian? YES / NO

Please specify any special dietary needs: _____

Swimming Ability

Do you give permission for your child to participate in water activities
(Such as kayaking, water slides or raft building)

YES / NO

Please specify where you think your child's swimming ability is currently at:
(1 = Not confident, 5 = Very strong and capable swimmer)

1

2

3

4

5

If there is any additional information you would like to provide the school, please use the space below:
