



# CAMP INTERSTATE AND INTERNATIONAL STUDENT HEALTH AND CONSENT FORM

NAME OF CAMP: Girrawheen SHS, Vietnam  
ANZAC Tour  
DATE OF CAMP: 14 – 26 April, 2014  
FACULTY: History, HASS

GIRRAWHEEN SENIOR HIGH SCHOOL, 39 Calvert Way, GIRRAWHEEN WA 6064

## Girrawheen Form C

TELEPHONE NUMBER: 9247 0555 Please return to Ms Bolt by Dec 17, 2014

### IMPORTANT INFORMATION

### STRICTLY CONFIDENTIAL

This information is required for each student participating on a Camp/Trip/Excursion and is important in assisting the supervising teachers ensuring the safety of your child.

Camp organisers realise the responsibility parents give to them when allowing their child to attend a camp and therefore endeavour to cover all eventualities. The organisers, like parents, place trust in the student to demonstrate sensible behaviour at all times. All camps are an extension of school and carry the same rules and restrictions. In addition, the camp site usually has a set of conditions which must also be observed.

By completing these details and signing this form you give your permission for your child to attend this excursion – the Girrawheen SHS, Vietnam History ANZAC Tour, on 14 – 26 April, 2015.

### STUDENT DETAILS

### YEAR AND FORM

Surname: \_\_\_\_\_ Given names: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Post code: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Mobile Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

### EMERGENCY CONTACT

Surname: \_\_\_\_\_ First names: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Contact Home: \_\_\_\_\_  
Mobile Number: \_\_\_\_\_ Contact Work: \_\_\_\_\_  
Other emergency contact: \_\_\_\_\_ Mobile/phone: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Mobile Number: \_\_\_\_\_  
Family Doctor: \_\_\_\_\_ Doctor Contact: \_\_\_\_\_  
Medicare Number: \_\_\_\_\_ Private Health: YES/NO

### MEDICAL DETAILS

If your child has special needs please provide full details and include relevant medical details.

Is your child subject to seizures, fainting, epilepsy, diabetes or any other condition that may affect his/her safety during the camp/trip/excursion? YES/NO

If YES give details: \_\_\_\_\_

Is there any medical history that may be of importance for the school/camp organiser to know? YES/NO

If YES give details: \_\_\_\_\_

### Is your child allergic to:

### Give details below

Penicillin ☐ \_\_\_\_\_  
Any other drug ☐ \_\_\_\_\_  
Any food ☐ \_\_\_\_\_  
Other (Bee stings etc) ☐ \_\_\_\_\_

### MEDICATION

Parents/guardians are requested to make arrangements with \_\_\_\_\_ (the teacher) for the safe-keeping and handling of prescribed medications prior to the camp/trip/excursion. Also, please provide a copy of any prescriptions.

Is your child currently taking tablets and/or other forms of prescribed medication? YES ☐ NO ☐  
Does your child self-administer the medication? YES ☐ NO ☐

Does your child use asthma medication? YES ☐ Which? \_\_\_\_\_

**Passport** Yes/No If Yes: **Passport Number** \_\_\_\_\_ **Expiry** \_\_\_\_\_

## OTHER INFORMATION

Please provide any other information about your child which will enable the organisers of the camp/trip/excursion to provide better care for your child (such as, do they have permission to self medicate for pain relief etc. and if so with what?) Without this permission, no such medication can be allowed.

Are there special dietary requirements? YES ☐ NO ☐  
Please list: \_\_\_\_\_

## SWIMMING ABILITY?

The trip may involve water-based or swimming activities if there is a pool at the hotel accommodation

Can your child swim? YES ☐ NO ☐

List swimming certificates/levels achieved: \_\_\_\_\_

If no certificates, give ability and distances: \_\_\_\_\_

Do you give consent for your child to swim if an authorised swimming supervisor deems a suitable swimming site and that an authorised swimming supervisor is present? YES ☐ NO ☐

+++++ Completion and signing of this form indicates your consent to your child attending the camp/trip based on the information so far provided.

## PARENT SIGNATURE

Where it is not practical to communicate with me, I authorise the Teacher-in-charge of the camp/trip/excursion to consent to my child receiving such medical treatment as may be considered necessary or in the case of emergency. I am aware that the Department of Education (W.A.) Insurance does not cover personal accidents through misadventure nor loss or damage of personal belongings. I am aware that the school and its employees are not responsible for personal injuries or property damage which may occur on the camp/trip, unless the school or its employees are proven to be negligent.

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

+++++ PLEASE USE THIS SPACE FOR ANY ADDITIONAL INFORMATION IF REQUIRED

(You must alert staff of any idiosyncrasy of your child that could affect the safety or management of the trip) \_\_\_\_\_

A minimal degree of **travel insurance** is compulsory. This must include unforeseen changes to student travel arrangements which may affect flights – generally the basic cover offered

**Travel Insurance Response:** I confirm that I have arranged travel insurance with \_\_\_\_\_

Policy Number \_\_\_\_\_ (The school is not allowed to broker or obtain travel insurance.)

### OFFICE USE ONLY

DEPOSIT PAID:	\$ _____	Receipt _____	Date: / /2014
	\$ _____	Receipt _____	Date: / /2015
	\$ _____	Receipt _____	Date: / /2015
	\$ _____	Receipt _____	Date: / /2015

TOTAL FEE PAID: \$

ALL OUTSTANDING MONIES DUE BY March 30. 2015