

Titahi Bay School Year 6 Camp 2020 Medical and Consent Form

(Child's full name) _____ has permission to attend the residential camp at El Rancho (Waikanae) and take part in the activities involved including visiting the Pool on the return journey.

Medic Alert Number (if your child has one) _____

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Migraine | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Chronic Nose Bleeds | <input type="checkbox"/> Travel Sickness | <input type="checkbox"/> Heart Condition |
| <input type="checkbox"/> Seizures of any type | <input type="checkbox"/> Dizzy Spells | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Other: _____ | | |

Is your child currently taking medication?

- Yes No

If you answered yes to the above question please give us more information:
(be as specific as you can please)

Medication	Dose	Times taken	Indicate Regular or if needed

- If your child has pain/fever can we give Paracetamol? Weight _____ kg** Yes No
- If your child has pain/fever can we give Ibuprofen?** Yes No
- If your child has an allergy can we give an Antihistamine?** Yes No
- Can we apply an antihistamine or steroid cream for rash/allergy?** Yes No

Does your child have any allergies to the following?

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Prescription Medication | <input type="checkbox"/> Food |
| <input type="checkbox"/> Insect Bites/Stings | <input type="checkbox"/> Other: _____ |

If you answered yes, please list allergy/s and what treatment is required.

If your child needs a Tetanus Injection? Can we authorise this? Yes No

Does your child have any dietary requirements? If so provide more information.

Does your child suffer from any of the following?

- Bed Wetting Sleep Walking
 Anxiety (staying away from home) Other: _____

Is there any information the staff should know to ensure the physical and emotional safety of your child? E.g. cultural practices, disabilities, anxiety about heights, darkness, small places, behaviour, emotional concerns, toileting concerns, activity related concerns etc

- Yes No

If you answered yes to the above question please explain...

Does your daughter get her period?

- Yes No

If this is likely to happen while at camp can you let Ebony Sushames know and tell her the systems you use at home for this. We want to limit anxiety for all students.

Emergency Contact Person 1: This is the first person we will contact in the case of an emergency

Name: _____

Phone number: _____

Emergency Contact Person 2: This is the second person we will contact in the case of an emergency

Name: _____

Phone number: _____

Parent Signature: _____ Date completed: _____