

Taylor Syndicate

Health Profile for Students and Adults Attending EOTC

Please complete this health profile for each child / adult attending:

N.B. please be aware that some of these may not apply to children/ adults not staying over night

Name of child or adult attending Camp

Medic Alert number

(if applicable)

1. Please tick if your child/you (if attending) have any of the following:

Migraine	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Asthma	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Travel sickness	<input type="checkbox"/>	Fits of any type	<input type="checkbox"/>
Chronic nose bleeds	<input type="checkbox"/>	Heart condition	<input type="checkbox"/>	Dizzy spells	<input type="checkbox"/>
Colour blindness	<input type="checkbox"/>	Sleepwalking	<input type="checkbox"/>	Bedwetting	<input type="checkbox"/>

Other - please explain

2. Will your child/you (if attending) be taking any medication while attending these activities? Yes No

If YES - What for?

Name of medication/s:

Dosage and time/s to be taken

Other treatment:

3. Is your child/you (if attending) allergic to any of the following?

	Yes	No	Please specify
Prescription medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Insect bites/stings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Other allergies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

What treatment is required?

4. **CAMP ONLY**

Please outline any major dietary requirements for your child/you.

5. What pain medication may your child be given if necessary? You will need to supply the pain medication.

6. Is there any information Tinwald School staff should know to ensure the physical and emotional safety of you/your child? (For example; disability; anxiety about heights/darkness/small spaces; behaviour or emotional problems).

Yes No

If YES, please state or attach extra information.

Declaration:

I agree that if prescribed medication needs to be administered, a designated adult will be assigned to do this. I will ensure that prescribed medication is clearly labeled, securely fastened and handed to Catherine Mackenzie before Camp/ day trip, with clear instructions on its administration.

I understand that if my child/myself gets sick or injured at Camp, the TIC (Catherine Mackenzie) will contact the named emergency contacts (attached to this form) with the details. If my child/myself needs to go home from Camp, I must make the necessary arrangements in consultation with the TIC. (Catherine Mackenzie)

I will inform the school as soon as possible of any changes in medical or other circumstances between now and the commencement of the Camp/ day trip.

I understand that unacceptable behaviour by my child may mean my child misses out on Camp/ day trip may be asked to leave the Camp/ day trip early. I will need to make arrangements to collect my child ASAP if necessary.

Print name

Signed

To be read and signed by adult participant or parent/caregiver of child participant.

Date

Emergency Contact Details



Please provide **2 sets of emergency contact details** for your child/you (if attending).
Parents will always be the first contact we try.
Please check that other contacts will be around (e.g. not away on holiday) during the Camp.
(15-18 March 2016)

1. Name of emergency contact:

Relationship to the child/you:

Address:

Day Phone: Evening Phone:

Cell Phone:

2. Name of emergency contact:

Relationship to the child/you:

Address:

Day Phone: Evening Phone:

Cell Phone:

Parental consent

I agree to my child/myself taking part in the Year 4 Camp at **Tinwald School and/ or day trip to Christchurch**. I agree to their / my participation in all the activities. I acknowledge the need for them / me to behave responsibly.

Acknowledgment of risk

I understand that there are risks associated with involvement in school EOTC events and that these risks cannot be completely eliminated. I understand that the school will identify any foreseeable risks or hazards and implement correct management procedures to eliminate, isolate, or minimize those hazards. I understand that my child will be involved in the development of safety procedures. I will do my best to ensure that my child/ I follow these procedures.

I understand that the school does not accept responsibility for loss or damage to personal property and that it is my responsibility to check my own insurance policy.

To be read and signed by adult participant or parent/caregiver of child participant.

Print name: Signed: