# Confidential Medical Information for Approved Excursions - Child

This information will be used if your child is involved in a medical emergency. All information is held in confidence. The medical information on this form must be current when the excursion/program is run.

Parents are responsible for all medical costs if their child is injured on a church approved excursion. Parents can purchase accident insurance cover from a commercial insurer if they wish to.

Excursion/program name: ***Gipps St Church of Christ Youth and Young Adult Camp***

Date(s): **13-16th January 2025**

Child’s full name:

Child’s address:

 Postcode:

Date of birth: Age:

Parent/guardian’s full name:

Emergency telephone numbers: A*fter hours* *Business hours*

Name of person to contact in an emergency (if different from the parent/guardian):

Emergency telephone numbers: *After hours* *Business hours*

Name of family doctor:

Address of family doctor:

Phone number:

Medicare number:

Medical/hospital insurance fund: Member number:

Is this the first time your child has been away from home? 🞎 Yes 🞎 No

**Please tick if your child is living with any of the following health conditions:**

🞎 Asthma (if ticked provide an Asthma Management Plan)

🞎 Anaphylaxis (if ticked provide an Individual Management Plan for the camp or excursion)

🞎 Bed wetting 🞎 Blackouts 🞎 Diabetes 🞎 Dizzy spells 🞎 Migraine

🞎 Heart condition 🞎 Sleepwalking 🞎 Travel sickness 🞎 Seizure of any type

🞎 Other:

**Allergies**

*Please tick if your child is allergic to any of the following:*

🞎 Penicillin 🞎 Other Drugs:

🞎 Foods:

🞎 Other allergies:

What special care is recommended for these allergies?

Year of last tetanus immunisation:

(Tetanus immunisation is normally given at five years of age (as Triple Antigen or CDT) and at fifteen years of age (as ADT))

**Medication**

Is your child taking any medicine(s)? 🞎 Yes 🞎 No

If yes, provide the name of medication, dose and describe when and how it is to be taken.

All medication must be given to the leader-in-charge. All containers must be labelled with your child’s name, the dose to be taken as well as when and how it should be taken. The medications will be kept by the staff and distributed as required. Inform the leader-in-charge if it is necessary or appropriate for your child to carry their medication (for example, asthma puffers or insulin for diabetes). A child can only carry medication with the knowledge and approval of both the leader-in-charge and yourself.

**Pain Killers**

In the case of your child being in pain, do you give consent for your child to receive Ibuprofen and Paracetamol? 🞎 Yes 🞎 No

**Medical consent**

Where the leader-in-charge of the excursion is unable to contact me, or it is otherwise impracticable to contact me, I authorise the leader-in-charge to:

* Consent to my child receiving any medical or surgical attention deemed necessary by a medical practitioner.
* Administer such first-aid as the leader-in-charge judges to be reasonably necessary.

Signature of parent/guardian (named above)

Date:

The Gipps Street Church of Christ requires this consent to be signed for all participants who attend church excursions that are approved by the church.

**Note**: You should receive detailed information about the excursion/program prior to your child’s participation and a Parent Consent form. If you have further questions, contact the excursion leader before the program starts.