St. Peter's Catholic School

Quality Education in a Traditional Christian Community

This form will be taken on the event.

STUDENT HEALTH PROFILE

This profile is designed to assist in the care of all participants at EOTC events. One form must be completed for EACH student.

Port Waikato Camp 2018

NAME: ____

1. Please tick if your child has any of the following:

Migraine	☐	Epilepsy	☐	Asthma	☐
Diabetes	☐	Travel Sickness	☐	Fits of any type	☐
Chronic nose bleeds	☐	Heart Condition	☐	Dizzy spells	☐

Other (please specify) ____

2. Is your child currently taking medication? Yes ☐ No ☐

If YES, please state: Ailment/s

____

Name of medication/s: ____

Dosage and time/s to be taken: ____

____

Other treatment: ____

3. Is your child allergic to any of the following?

	Yes	*No*	*Please specify*
Prescription medication	☐	☐	____________________
Food	☐	☐	____________________
Insect bites/stings	☐	☐	____________________
Other allergies	☐	☐	____________________

What treatment is required? ____________________

4. For overnight events: Sleepwalking ☐ Bedwetting ☐

5. We strongly advise you to immunise your child against Tetanus prior to attending camp.

   When was your/your child's last tetanus injection? ________________________________

6. Outline any dietary requirements: ________________________________

   ____

   ____

7. I give permission for my child to be given panadol if necessary Yes ☐ No ☐

8. I give permission for my child to be given phenergan if necessary. Yes ☐ No ☐

9. Is there any information the staff should know to ensure the physical and emotional safety of your child? (for example cultural practices; disability; anxiety about heights/darkness/small spaces; behaviour or emotional problems).

   Yes ☐ No ☐

   If YES, please state or attach the information.

   ____

   ____

   ____

☐ I also 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 labelled, securely fastened and handed to the designated adult with instructions on its administration.

☐ I will inform the school as soon as possible of any changes in the medical or other circumstances between now and the commencement of the event.

☐ I agree to my child receiving any emergency medical, dental, or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

☐ Any medical costs not covered by ACC or a Community Service Card will be paid by me.

☐ If my child is involved in a serious disciplinary problem, or actions that threaten the safety of others, s/he will be sent home at my expense.

Print name: ________________________________

Signed: ________________________________ Date: ________________

(To be completed and signed by parent/caregiver of child participant)