

# RETURN THESE FORMS by 7th July

# Junior Arrows Orienteering camp 2021

14<sup>th</sup>-18<sup>th</sup> July

Adelaide Hills/Walker Flat

As a parent/guardian of:	
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STUDENT/CHILD	'S NAME			
l:				
PARENT/GUARD	IAN NAME			
give my con	give my consent for him/her to participate in:			
NAME OF ACTIVI	TY	Junior Arrows Orienteering Camp		
REASON FOR AND DESCRIPTION OF ACTIVITY		Orienteering camp		
at/on:				
LOC Adelai ATI de ON Hills				
14 1	2 0 TO 2 1	1     8     0     7     2     1     OR ON:		

FROM:

Details of **planned activities**, **transport arrangements**, anticipated **number of students/children** and **supervising teachers/instructors** are provided on the information sheet attached.

## Agreement

- I agree to delegate my authority to supervising teachers/instructors. Such supervisors may take whatever disciplinary
  action they deem necessary to ensure the safety, well-being and successful conduct of the students as a group and
  individually.
- In the event of an accident or illness and contact with me being impracticable or impossible, I authorise the teacher-in charge to arrange whatever medical or surgical treatment a registered medical practitioner considers necessary. I will pay all medical and dental expenses incurred on behalf of my child.
- I have also attached additional or updated health care information, including details of any additional health support he/she requires to undertake the above activities safely. I also consent to my child's doctor or medical specialist being contacted in an emergency.

The infor	mation given is accurate to the best of my know	edge.		
Signed:			Date: /	1
Will you req	uire pick up from the Adelaide Airport? Y/N	Arrival time:		
		Departure time:		
Emergency	Contacts - Parent/Guardian			
NAME				
ADDRESS				
			POSTCODE	
HOME TELEPH	ONE WORK TELEPHONE	ALTERNATI	VE TELEPHONE	

Student Medic Alert Number (If applicable):	
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\*Any health care information provided is not intended to prevent your child participating unless specific medical advice warrants exclusion. The health care information you supply to the school/preschool will be treated confidentially. Such information is sought in order to protect and assist the student so the activity may be a safe and enjoyable experience. Please contact the teacher-in-charge if you wish to discuss any health care problems.

## **Confidential Medical Information for School Council Approved Excursions**

Orienteering South Australia will use this information 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 a student is injured on a school approved excursion unless the Department of Education and Training is found liable (liability is not automatic). Parents can purchase student accident insurance cover from a commercial insurer if they wish to.

Excursion/program name: Junior Arrows Orienteering camp 2021 $14^{\text{th}}$ - $18^{\text{th}}$ July	Date(s):
Student's full name:	
Student's address:	
	Postcode:
Date of birth: Year level:	
Parent/guardian's full name:	
Emergency telephone numbers: After 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:
Ambulance subscriber?   Yes No If yes, ambulance number:	

Is this the first time your child has been away from home?  $\hfill\square$  Yes  $\hfill\square$  No

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

Asthma (if ticked complete Asthma Management Plan)

Bed wetting	Blackouts	Diabetes	Dizzy spells	Migraine

Heart condition	Sleepwalking
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Travel sickness

- Other:
- Anaphylaxis (if ticked review and update the Individual Management Plan for the camp or excursion, please attach allergy management plan with other forms)

## Allergies

Please tick if your child is allergic to any of the following: Please attach allergy management plan with forms

Penici	llin 🛛 Other Drugs:	
		Foods:
Other	allergies:	
What sp	ecial care is recommended for these allergies?	
Year of l	ast 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)?  $\Box$  Yes  $\Box$  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 coach-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 coach-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 teacher-in-charge and yourself.

#### Medical consent

Where the coach-in-charge of the excursion is unable to contact me, or it is otherwise impracticable to contact me, I authorise the teacher-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 teacher-in-charge judges to be reasonably necessary.

Send forms to

coaching@sa.orienteering.asn.au

or Evalin Brautigam 110 Longwood Rd, Heathfield SA 5153