RETURN THESE FORMS by 2nd July

Junior Arrows Orienteering camp 2018 **9th-13th July** **Shiloh Hills**

As a parent/guardian of:

STUDENT/CHILD'S NAME	

I:

PARENT/GUARDIAN NAME	

give my consent for him/her to participate in:

NAME OF ACTIVITY	Junior Arrows Orienteering Camp
REASON FOR AND DESCRIPTION OF ACTIVITY	Orienteering camp

at/on:

LOCATION	Shiloh Hills, Ironbank

FROM: 9 0 7 2 0 1 8 TO: 1 3 0 7 1 8 OR ON: / /

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 information given is accurate to the best of my knowledge.

Signed: _____ Date: / /

Will you require pick up from the Adelaide Airport? Y/N **Arrival time:** _____

Departure time: _____

Emergency Contacts - **Parent/Guardian**

NAME	
ADDRESS	

				POSTCODE	
HOME TELEPHONE		WORK TELEPHONE		ALTERNATIVE TELEPHONE	

Student Medic Alert Number (If applicable):	

*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 2018
Date(s): 9th-13th July

Student's full name:

Student's address:

Postcode:

Date of birth: Year level:

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:

Ambulance subscriber? ☐ Yes ☐ No If yes, ambulance 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 complete Asthma Management Plan)

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

☐ Bed wetting ☐ Blackouts ☐ Diabetes ☐ Dizzy spells ☐ Migraine

☐ Heart condition ☐ Sleepwalking ☐ Travel sickness ☐ Fits of any type

☐ Other:

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

☐ 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 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.

Signature of parent/guardian (named above)_____

Date:

Send forms to

coaching@sa.orienteering.asn.au
or
Bridget Anderson
38 Tallarook road
Hawthorndene
SA
5051