



Stanley River EEC Student Medical and Activity Consent Form

Personal Information

School:					
Student Name:					
Address:					
Date of Birth:		Gender:			
Medicare number:		Ref #:		Expiry Date:	
Parent/Guardian Name:					
Telephone:	(Daytime)		(After Hours)		
Email:					
Secondary contact person					
Telephone:	(Daytime)		(After Hours)		
Dietary Requirements					

Student Health & Medical Information

	YES	NO	Details
Allergies (<i>medication/other – not including anaphylaxis</i>)			
Recent operation or illness			
My student has the following specialised health needs and I have completed and attached an <i>Emergency Health Management Plan</i>			
Asthma/other respiratory			
Anaphylaxis			
Heart conditions			
Epilepsy/seizures			
Diabetes			
Disability			
Other			

Administration of medicines on camp

My student will be accessing medicine whilst on camp	YES	NO
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All personal medication including over the counter medications to be accessed by a student whilst on camp requires records to be held by the student's base school. Please ensure that you have advised the school of any medication your student will self-administer (including over the counter medications) and completed the appropriate record sheet/s and provided it to the school. Stanley River will work with your school to assist safe administration practices but **WILL NOT** be responsible for the administration of any medication outside of the requirements of emergency first aid response.

Individual Learning information for parents and students to complete

Stanley River is committed to providing safe physical, social and emotional learning environments for everyone. With your child, think about and discuss the adventurous nature of the activities they are about to undertake. We then ask that you give us some additional information to assist our teachers in supporting your student's success on camp.

A little bit about me

I'm looking forward to

Any concerns or worries

Swimming Ability (please circle)	Non/weak Swimmer	Average Swimmer	Strong Swimmer
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Consent & learning contract for parents and students

This learning contract is used to represent an agreement for learning between Stanley River, visiting students and their parents/guardians. The term of this agreement is for the duration of the Stanley River program or visit.

- I am aware that our actions and behaviours contribute to the camp experience and the safety of everyone. I understand the responsibility of my child to be safe, be learning, show respect, and to enjoy the experience. I understand that following the safety instructions of Stanley River staff and school teachers is essential. I understand that should my child's behaviour repeatedly or significantly impact the safety of themselves or others they may be required to leave from the excursion transported by a parent/ guardian.
- I am aware that if my child is unwell on the day of departure they are not to attend camp and if my child becomes unwell whilst on camp I may be required to arrange transportation home.
- I understand that Stanley River expects students to undertake challenges by choice. This means that whilst Stanley River teachers will support and encourage students to take on a challenge, they will always, when safe to do so, respect the child's right to opt out and to say no. In this case, there is always other learning opportunities.
- I understand that Stanley River strives to create an inclusive educational experience for all students.
- I am aware of the activities that my child will undertake whilst on camp and that the activities have an inherent risk associated that is managed through Stanley River's curriculum activity risk assessment process.

Student Name

signature

Date

Parent Name

Signature

Date

Mr Andrew Travis

Principal

Stanley River Environmental Education Centre

Signature

A. Travis

Privacy notice

The Department of Education is collecting the personal information requested in this form in order to: obtain lawful consent for your child to participate in the activity; help coordinate the activity; respond to any injury or medical condition that may arise during, or as a result of the activity; and update school records where necessary. The information will only be accessed by authorised school staff and will be dealt with in accordance with the confidentiality requirements of, as applicable, s.426 of the Education (General Provisions) Act 2006 (Qld), the Information Privacy Act 2009 (Qld), and/or the Privacy Act 1988 (Cwlth). The information will not be disclosed to any other person or agency unless the disclosure is authorised or required by law, or you have given the department permission for the information to be disclosed.



Stanley River EEC Emergency Health Management Plan

Please complete this form if you require specific emergency response.

Information

Participant Name **Doctor:** **Doctor phone number:**

Describe the Condition

.....
.....

What triggers the condition? (E.g. Food, Exercise, Weather, Pollen, bites etc.)

.....
.....

What Preventative steps should be taken to avoid the onset of the medical condition?

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.....

What is the participant's usual signs and symptoms of the medical condition?

.....
.....

What strategies/medication do you take to relieve the medical condition?

Medication	Dosage	Method	How often

Detail the preferred First Aid steps or attach any existing Action Plans

Step 1	
Step 2	
Step 3	
Step 4	
Step 5	
Step 6	

Is there anything else we should know about the participant's medical condition?

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Declaration

- I understand that It may be advisable to consult the participants Doctor before camp. A letter from the Doctor outlining the management of the medical condition may accompany this form when it is returned.
- Programs at Stanley River EEC involve a high level of physical activity & are conducted predominantly outdoors.
- Stanley River EEC is a 10-minute drive from the nearest ambulance, doctor or hospital and in some cases due to locations of camp outs, the response time for medical attention may exceed 2 hours.
- Stanley River EEC staff carry first aid kits and are trained in standard first aid and remote first aid.
- In medical emergency situations Stanley River EEC may share this form with medical professionals.

I declare that the information provided on this form is complete and correct.

Signed: **Name:** **Date:**