



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 |
|--|-----|----|

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. We invite you and your child to 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 |
|----------------------------------|------------------|-----------------|----------------|
|----------------------------------|------------------|-----------------|----------------|

Consent & learning acknowledgement for parents and students

This represents an agreement for consent of the activities and learning between Stanley River, visiting teachers, 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. My child and 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 invites 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 respect the child's right to opt out and to say no. In this case, there is always other learning opportunities.
- I am aware of the risk levels 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 (optional) | Date |
|--------------|----------------------|------|

| | | |
|------------------------|----------------------|------|
| Parent Name (required) | Signature (required) | Date |
|------------------------|----------------------|------|

Mr Jonathan Foley

Principal

Stanley River Environmental Education Centre



Signature

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?

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?

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: _____