

MEDICAL & WATER BASED AUTHORITY FORM

Medical Authority Form and Consent for Water based activities conducted by the DET ' Pilbara Camp School — Strictly Confidential

This form is intended to assist teachers and Camp School staff plan and conduct safe aquatic activities for your child whilst attending the DET's Pilbara Camp School.

STUDENT DETAILS

Students Name _____ Date of birth ___ / ___ / ___

Parent/Guardian (Full name) _____

Address _____ P/code _____

Telephone: Home _____ Work _____

Mobile: _____

Name of family doctor _____ Phone _____

Medicare # _____ Medical Insurance # _____

SWIMMING ABILITY (refer to DET's Swimming & Water Safety Continuum)

- | | | |
|---------------------|---------------------------------|---|
| 1. Beginner | 7. Intermediate | My child has achieved
Stage no _____
Date achieved ___ / ___ / ___
I am unsure. Please
assess my child. o |
| 2. Water Discovery* | 8. Water Wise* | |
| 3. Preliminary | 9. Senior | |
| 4. Water Awareness* | 10. Junior Swim and
Survive* | |
| 5. Water Sense* | 11. Swim and Survive* | |
| 6. Junior | 12. Senior Swim and
Survive* | |

* Royal Life Saving Society of Australia awards.

Please detail your assessment of your childs skills and abilities in relation to the aquatic activities to be conducted at the Pilbara Camp School.

MEDICAL DETAILS

Is your child subject to asthma, fainting, epilepsy, diabetes or any other condition that may affect his or her safety during aquatic activities? (Staff cannot take responsibility for medical conditions of which they are unaware.)

Yes No

If 'Yes' give details _____

Is your child allergic to:

Penicillin Give details _____

Any other drug Give details _____

Any food Give details _____

Bees Give details _____

Other Give details _____

Is any special care required?

Yes No Give details _____

Other conditions

Other Give details _____

Last Tetanus Vaccination Yes No Don't know

Medications

Arrangements for the safekeeping and handling of medications must be made prior to the camp.

Is your child presently taking tablets and/or other forms of medication?

Yes No

Does your child self-administer the medication?

Yes No

If 'Yes' give details (dosage, frequency, name of medication and reason for use).

I agree to inform the organisers before the scheduled camp departure of any change to my child's health and fitness so that appropriate supervision maybe arranged. I acknowledged that, in the event of an accident, the school staff will arrange to present my child for medical assessment as soon as possible.

Signature of Parent/Guardian _____ **Date** __/__/__