

CONFIDENTIAL EMERGENCY INFORMATION



Medical History

Transplant 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 Transplant Australia Event unless Transplant Australia is found liable (liability is not automatic). Parents can purchase student accident insurance cover from a commercial insurer if they wish to.

Programme Name	Transplant Active Camp
Dates	Friday 9 th December – Sunday 11 th December 2022
Location	Point Walter Recreation Camp, Bicton

Child's Full Name	
Child's Address	
Suburb	Postcode
Date Of Birth	Year Level

Parent/Guardian Name	
Emergency Telephone	Bus Hrs After Hrs
2 nd Emergency Contact	
Emergency Telephone	Bus Hrs After Hrs

Family Doctor Name	
Family Doctor Address	
Suburb	Postcode
Phone Number	

Medicare Number	
Private Health Ins Fund	Member Number:
Ambulance Subscriber?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Ambulance Number:

Allergies

Please tick if your child is allergic to any of the following:

☐ 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))

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

- ☐ Asthma (if ticked complete Asthma Management Plan) ☐ Anaphylaxis
- ☐ Bed wetting ☐ Blackouts ☐ Diabetes ☐ Dizzy spells ☐ Migraine
- ☐ Heart condition ☐ Sleepwalking ☐ Travel sickness ☐ Seizure of any type
- ☐ Other (not including transplant): _____

Covid 19 Protocols

Please tick to acknowledge you have read each of these and agree to them.

- ☐ I understand that I need to provide evidence (a photo) of a **negative RAT taken by my child on the morning** of the camp for them to attend. This will be via text to **0428 191 292 with their name after 7am and no later than 3pm on Friday 9th December 2022.**
- ☐ My child has a parent/carer who is contactable **at any time** and available to take responsibility for them, if they cannot remain at camp. I understand a parent/carer will be **required to pick up my child** from the camp if they test positive to Covid-19.
- ☐ I give permission for staff to provide a supervised **RAT to any student who has symptoms or is identified as a close contact**. We will be using a saliva RAT that the children can self-administer.
- ☐ I agree to the protocols for asymptomatic students identified as close contacts whilst on camp, my child will **self-administer a supervised RAT and wear a mask.**
- ☐ My child has **previously tested positive to Covid-19** on _____ (date) and is therefore within the 4 week recovery period.
- ☐ I give permission for my child to be transported in a school staff vehicle in the event of a positive Covid-19 diagnosis or other medical event.
- ☐ My child has a medical exemption from wearing a mask and this is supplied with this consent form.

Medical consent

If there is a situation or incident which requires first aid to be administered to your child Transplant Australia Staff & volunteers will administer first aid that is reasonably necessary and appropriate to their level of training. Transplant Australia Staff & volunteers will also seek emergency medical attention for your child if it is considered reasonably necessary. In the event that your child needs medical attention, Transplant Australia Staff & volunteers will contact you as soon as practically possible.

Signature of parent/guardian (named above): _____

Date: _____