

St Mary's Catholic School Ellerslie

We provide a Catholic Education for the whole child.



28 May 2018

Year 6 Camp Health and Permission Form

EDUCATION OUTSIDE THE CLASSROOM

Student Name: Room Number:

Parent Name: Address:

Telephone: (Day) (Evening):

Family Doctor: Telephone:

Parents'/Caregivers' permission and medical information form.

I give permission for my son/daughter (name)

To participate in: **Year 6 Camp**

At: **Lakewood Lodge Camp**

Dates: **Wednesday 5 September to Friday 7 September 2018**

I agree that should take part in such activities and such necessary duties as may be required by the staff. All staff requests must be followed especially in high risk situations.

In the event of illness or accident, I authorise the obtaining on my behalf any medical assistance if, in the opinion of the staff, such treatment is necessary, and agree to meet any costs incurred.

To the best of my knowledge any medical condition or physical disability likely to prove detrimental to him/her or others during the programme has been detailed on page 2 of this form.

I understand that the school will not accept responsibility for loss or damage of personal property (check own household policy).

I understand that this is a school trip and school (and camp) rules apply.

Should my son/daughter be involved in a serious disciplinary problem I accept that he/she may be withdrawn from the trip and sent home. No refunds will be made.

I will forward the sum of **\$270.00** being a share of transport, camp fees and provisions. **Please ensure at least \$100 of the \$270 fee is forwarded by Friday 27 July and the remainder by Friday 31 August. An account has been set up for camp; please state child's initial, surname and room number. Our bank account details for the camp are; ASB 12 3060 0202599 04**

Signature of parent/caregiver Signature of student

Emergency Contact Details (Name and Tel. No.)

Date:

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📞 579 8937 📠 525 1265 📧 principal@stmary.school.nz
✉ PO Box 11269, Ellerslie, Auckland 1542
📍 58 Main Highway, Ellerslie, Auckland.

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This form is to assist us in the care of your child while away from home and in case of any eventuality with your son/daughter. Please complete accurately. All information is held in confidence.

1. Is your child presently taking tablets and/or medicine YES / NO

If YES what is the medication, dose and when should it be taken?

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All medicines must be handed to the teacher-in-charge prior to leaving with your child's name, the dose to be given and when/how it should be taken clearly (These will be kept securely and distributed as required).

Please do not allow children to be in possession of any medicine whilst on the trip.

2. I give permission for Pamol / Panadol to be administered if deemed necessary by staff.

YES / NO

3. Please tick if your child has any of the following and supply full detail below:

- | | | | | | |
|--------------|--------------------------|---------------|--------------------------|------------------|--------------------------|
| Bed wetting | <input type="checkbox"/> | Asthma | <input type="checkbox"/> | Heart Condition | <input type="checkbox"/> |
| Dizzy Spells | <input type="checkbox"/> | Sleep walking | <input type="checkbox"/> | Fits of any kind | <input type="checkbox"/> |
| Black Outs | <input type="checkbox"/> | Migraine | <input type="checkbox"/> | Travel Sickness | <input type="checkbox"/> |
| Allergies | <input type="checkbox"/> | Other | <input type="checkbox"/> | Anxiety | <input type="checkbox"/> |

Details.....

4. Last tetanus immunisation was 5. My child is vegetarian – YES / NO

6. Are there any food or drug (or other) allergies we should be aware of? YES / NO

What Special Care is required?

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7. Is this the first time your child has stayed away from home? YES / NO

I authorise the Teacher- In-Charge of the activity to consent, where it is impracticable to communicate with me, to the child receiving such medical treatment as maybe deemed necessary.

Student Name: Room:

Parent Signature: Date Page 2/2