



Medical & Water Based Authority Form

Broome Camp School

Medical Authority Form and consent for Water based activities conducted by the Broome 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 Department of Education and Training Broome Camp School.

STUDENT DETAILS

Students Name _____ Date of Birth ___/___/___

Parent/Guardian (Full name) _____

Address _____

Telephone: Home _____ Work (father) _____

Mobile: _____ Work (mother) _____

Name of family Doctor _____ Phone _____

Medicare# _____ Medical Insurance# _____

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

- | | | |
|------------------|-----------------|--------------------------|
| Beginner | 5. Water Sense* | 9. Senior |
| Water Discovery* | 6. Junior | 10. Jnr Swim and Survive |
| Preliminary | 7. Intermediate | 11. Swim and Survive* |
| Water Awareness | 8. Water Wise* | 12. Snr Swim and Survive |

My child has achieved stage# _____ Date achieved ___/___/___

I am unsure? Please assess my child.

Please detail your assessment of your child's skills and abilities in relation to the aquatic activities to be conducted at the Broome Camp School.



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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

Bed Wetting Give details _____

Hearing or Ears Give details _____

Other Give details _____

Date of Last Tetanus Vaccination ___/___/___ 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 am aware that any costs incurred as a result of accident or illness are my responsibility and that school staff are not responsible for any loss or damage to my child's personal property that may occur during the course of the camp.

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 acknowledge that, should it be considered necessary, school staff will arrange to present my child for medical assessment.

Signature of Parent/Guardian _____ Date ___/___/___