



### Student Medical Form

#### Personal Information

Student Name:		Date of Birth:	_____ / _____ / _____
School:			

Address:		Gender:	
Medicare number:		Ref #:	Expiry Date:

Parent/Guardian Name:			
Telephone:	(Daytime)	(After Hours)	
Secondary contact person:			
Telephone:	(Daytime)	(After Hours)	

#### Student Health & Medical Information

If your student has any specialised health needs, please attach an **Emergency Health Management Plan**.

	YES*	NO	Details
Anaphylaxis	<input type="checkbox"/>	<input type="checkbox"/>	
Allergies (medication/other)	<input type="checkbox"/>	<input type="checkbox"/>	
Recent operation or illness	<input type="checkbox"/>	<input type="checkbox"/>	
Asthma/other respiratory	<input type="checkbox"/>	<input type="checkbox"/>	
Heart conditions	<input type="checkbox"/>	<input type="checkbox"/>	
Epilepsy/seizures	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	
Disability	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	

#### 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. KIEEC will work with your school to assist safe administration practices but WILL NOT be responsible for the administration of any medication beyond the provision of emergency first aid response.

#### Dietary Requirements

Food Not to be Eaten & reason	Anaphylaxis (touch)	Anaphylaxis (Ingestion)	Severe Reaction or Intolerance	Mild Reaction or Intolerance	Religious or Cultural
	<input type="checkbox"/> *	<input type="checkbox"/> *	<input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> *	<input type="checkbox"/> *	<input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> *	<input type="checkbox"/> *	<input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/>

\*Please provide more information: **Emergency Health Management Plan**



### Emergency Health Management Plan

Student Name:		Date of Birth:	_____ / _____ / _____
Doctor Name:		Contact:	

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?

.....

By signing this form, 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 KIEEC involve a high level of physical activity & are conducted predominantly outdoors.
- Konomie Island is a remote location. In some instances, access to the nearest ambulance, doctor or hospital or advanced medical care may exceed 2 hours.
- KIEEC holds a RFDS Medical Chest which may be used in response to any medical emergencies.
- KIEEC teachers carry Ventolin in their first aid kits and are trained to an intermediate first aid level.
- I declare that the information provided on this form is complete and correct, and I have provided any additional relevant information.

Signed:		Name:		Date:	
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### Informed Activity Consent

KIEEC is dedicated to providing safe, valuable, lifelong learning experiences. On camp, students can choose to participate in planned activities, some with inherent high risks. Our staff are experienced and knowledgeable in environmental learning and manage risks appropriately, accepting only suitable levels of risk for valuable learning experiences. Given the potentially life-threatening risk, it is important for you to be aware of the planned activities and their risks. We seek your informed consent and approval for your child's participation.

Please confirm that you understand the higher risk activities that are planned for your child's program and indicate any limitations to your consent.

<input type="checkbox"/> I am aware of the planned activities the camp program and the level of risks associated.				
<input type="checkbox"/> I wish to place the following limitations to my consent:				
Participant Name:		Dates of camp:		
Parent/Guardian Name:		Signature:		Date:

### Swimming and Snorkelling pre-assessment

Snorkelling is an activity that poses a significantly higher risk. The information on this form will be used to determine "At Risk Snorkelers" (ARS). This standard practice ensures that everyone is provided with appropriate attention and control measures for a safe experience, it is not designed to exclude anyone from participating. Participants who are identified ARS may be required to wear and/or use a flotation device that will support the wearer in a relaxed state or wear a particular colour rash shirt that will allow the crew to offer closer supervision.

Please ensure that you have provided the most accurate, recent and relevant medical information on this form to enable the safest possible experience for all participants.

#### Swimming Ability: (please tick relevant)

<input type="checkbox"/> Non swimmer Not able to swim or tread water	<input type="checkbox"/> Nervous Swimmer Can swim short distances	<input type="checkbox"/> Can swim 25 m comfortably	<input type="checkbox"/> Can swim 50 m comfortably
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#### Snorkelling Specific: (please tick relevant)

<input type="checkbox"/> No previous snorkelling experience	<input type="checkbox"/> Prior snorkelling experience Last snorkelling experience was: Month: _____ Year: _____
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### Individual Learning Information

Konomie EEC values People. We design our programs to foster a sense of belonging, empowerment and mutual support. Think about and discuss with your child the adventurous nature of the activities they are about to undertake, then, if you wish, 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...



## Consent and Learning Agreement

This represents an agreement for consent of the activities and learning between KIEEC, visiting teachers, visiting students and their parents/guardians. The term of this consent agreement is for the duration of the KIEEC program or visit.

### For Parents/Guardians and Students

By signing this document:

- I am aware that our actions and behaviours contribute to the camp experience and the safety of everyone. I understand that following the safety instructions of KIEEC staff and school teachers is essential.
- I understand that for a variety of reasons KIEEC teachers and administration may use professional discretion to adjust planned programs to positively impact the safety and education outcomes for the group.
- I understand that KIEEC expects students to undertake challenges by choice. This means that whilst KIEEC teachers will support and encourage students to take on a challenge, they will always, when safe to do so, respect the child's right to opt out and to say no. In this case, there are always other learning opportunities.
- There is no legal requirement for a student to sign this document.

### For Parents/Guardians

By signing this document:

- I give consent for my child ..... to participate in activities whilst on camp.
- I understand that should my child's behaviour repeatedly or significantly impact the safety of themselves or others, they may be required to leave 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 am aware of the activities that my child will undertake whilst on camp and that the activities have an inherent risk that is managed through KIEEC's curriculum activity risk assessment process.
- In the event of an accident or illness, school staff may obtain or administer any medical assistance or treatment my child may reasonably require, including contacting Royal Flying Doctor Service and my child's doctor.
- **I accept liability for all reasonable costs incurred by the department in obtaining such medical assistance or treatment (including any transportation costs) and undertake to reimburse the department the full amount of those costs.**

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Student Name (optional)

Signature (optional)

Date

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Parent/Guardian Name (required)

Signature (required)

Date

We look forward to welcoming and supporting your child on their outdoor learning adventure at Konomie Island.

Dayle Fulford  
**A/Principal**  
**Konomie Island Environmental Education Centre**

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.