Konomie Island
ENVIRONMENTAL EDUCATION CENTRE
Inspiring future custodians through immersive island learning.

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	☐	☐	
Allergies *(medication/other)*	☐	☐	
Recent operation or illness	☐	☐	
Asthma/other respiratory	☐	☐	
Heart conditions	☐	☐	
Epilepsy/seizures	☐	☐	
Diabetes	☐	☐	
Disability	☐	☐	
Other:	☐	☐	

Administration of medicines on camp

All personal medication to be accessed by a student whilst on camp, **including over the counter medications**, 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 require or self-administer (including over the counter medications) by providing the relevant documentation 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.

My student will be accessing medicine whilst on camp:	☐ NO	☐ YES *	*Please contact your student's base school to ensure ALL appropriate medical documentation has been completed.*

Dietary Requirements

Food not to be eaten & reason	Anaphylaxis (touch)	Anaphylaxis (ingestion)	Severe Reaction or Intolerance	Mild Reaction or Intolerance	Religious or Cultural
	☐ *	☐ *	☐ *	☐	☐
	☐ *	☐ *	☐ *	☐	☐
	☐ *	☐ *	☐ *	☐	☐

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 two hours.
- KIEEC holds a Royal Flying Doctor Service Medical Chest which may be used in response to any medical emergencies.
- KIEEC teachers carry Ventolin and EpiPens 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:	

Informed Activity Consent

KIEEC provides safe, valuable, lifelong learning experiences. On camp, students can choose to participate in planned activities, some with inherently high risks. Our staff are experienced and knowledgeable in outdoor and environmental learning, and they manage risks appropriately, accepting only suitable levels of risk for valuable learning experiences. Given the high level of risk associated with participating in these outdoor learning activities, it is important for you to be aware of the planned activities and their risks. We therefore seek your informed consent and approval for your child's participation. To review KIEEC Curriculum Activity Risk Assessment (CARA) documentation, please review our website: https://konomieislandeec.eq.edu.au/about-us/risk-assessment

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

☐ I am aware of the planned activities the camp program and the level of risks associated.
☐ I wish to place to 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 as an 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 you 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)

- ☐ **Non swimmer:** Not able to swim or tread water
- ☐ **Nervous Swimmer:** Can swim short distances
- ☐ **Can swim 25 m** comfortably
- ☐ **Can swim 50 m** comfortably

Snorkelling Specific: (please tick relevant)

- ☐ **No**
- ☐ **Yes** – last snorkelling experience was:

  Month: Year:

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 for the duration of the KIEEC program or visit.

For Parents/Guardians and <u>Students</u>

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 collected 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.
- I am aware that Konomie Island is a remote location. In some instances, access to the nearest ambulance, doctor or hospital, or advanced medical care may exceed two hours.
- 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.**

Student Name *(optional)*	Signature *(optional)*	Date

Parent/Guardian Name **(required)**	Signature **(required)**	Date

We look forward to welcoming and supporting your child on their outdoor learning adventures at Konomie Island Environmental Education Centre.

Dayle Fulford
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; ensure appropriate catering; 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.