

GOOGA OUTDOOR EDUCATION CENTRE CONFIDENTIAL MEDICAL



This form is to be completed by parents and then handed in at
the Hub for Rothwell or
Student Reception for Caboolture two weeks before leaving for Googa.

Googa House Group

STUDENT DETAILS

Surname _____ First name _____ Second Initial _____

Date of Birth ___/___/___ Sex: Male / Female (please circle)

Address _____ Postcode _____

Country of Birth _____ Religious Denomination _____

Medicare No _____ Position No. on card _____ Expiry Date _____

Health Care Card Number _____ Expiry Date _____

Private Health Insurance Yes/No Fund Name _____

Family Doctor _____ Phone _____

Student normally lives with Both Parents / Mother / Father / Guardian (please circle)

PARENT DETAILS

Parent 1:	Parent 2:
Relationship to student:	Relationship to student:
Home phone number:	Home phone number:
Work phone number:	Work phone number:
Mobile phone number:	Mobile phone number:
Email address:	Email address:

EMERGENCY CONTACT (If Parents are Not Available)

Emergency contact Name:	Work phone number:
Relationship to student:	Mobile phone number:
Home phone number:	

MEDICAL HISTORY AND OTHER CONDITIONS

Illness , allergy, condition	Life Threatening	Usual Symptoms, Reaction	Symptoms severe	Usual Treatment
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

If insufficient space, please attach a separate sheet.

MEDICATION

Any allergies to medications _____

Any relevant family medical history _____

Has your child had any illness or injury in the last 6 months and what treatment, if any has been given?
(e.g. throat infection, sprained ankle, back problems)

Minor _____

Major _____

Height _____ cms Weight _____ kgs

Date of last tetanus injection _____ (Please ensure this immunisation is up to date)

Does your child suffer from any of the following? If strapping tape or other particulars are known to be needed, please supply. Should you need to discuss any health concerns, please contact the Year 10 Coordinator.

<u>Problem</u>	<u>Details</u>	<u>Treatment</u>
Back	_____	_____
Knee	_____	_____
Ankle	_____	_____
Foot	_____	_____
Headaches	_____	_____
Sinus	_____	_____
Hay Fever	_____	_____
Recurrent colds	_____	_____
Heart condition	_____	_____
Allergies	_____	_____
Sight	_____	_____
Hearing	_____	_____
Asthma	_____	_____
Bronchitis	_____	_____
Bed Wetting	_____	_____
Tantrums	_____	_____
Sleep walking	_____	_____
Phobias	_____	_____

Special dietary needs (e.g vegetarian,allergies) _____

If diet is expected to be a difficulty please ring Googa at least two weeks before arrival at camp on 41630266 to discuss with staff.

Googa Video: (This is the class dvd that is produced by Googa staff for students)

Yes No - Permission for photos or video of my child to be on the video

CONSENT FORM

I give my permission for my child _____ (full name) to participate in all aspects of the Googa program.

In the event of needing medical assistance, I give permission for my child to be taken to the local General Practitioner and for notes of the appointment to be recorded by the attending Googa staff person. Generally, a Googa staff person will accompany the student into the consultation. If costs exceed the amount of pocket money provided I agree to reimburse Googa before the end of the program. I also give consent for trained Googa staff to administer first aid where necessary.

Parent/Guardian Permission in the Event of an Emergency:

In the event that I am unable to be contacted, I hereby give authorisation for the Googa staff to give consent on my behalf for the administering of medications and any other measures deemed necessary, should my child require urgent medical or surgical treatment.

Yes No

Furthermore, in the event of Googa not being able to contact me, I give permission to Googa staff to permit the administration of blood transfusion in an emergency.

Yes No

In the event of minor conditions, I give permission for Googa staff to administer as required the medication listed below following the recommended dosage on the label.

PLEASE INDICATE RESPONSE FOR EVERY MEDICATION TYPE

- Yes No Ventolin
- Yes No Paracetamol (Panadol, Panamax, Herron, Febridol, Numol, Lemsip)
- Yes No Ibuprofen (Nurofen, Herron Ibuprofen, Chemists Own Ibuprofen)
- Yes No Antihistamine (Polaramine, Telfast, Fexotabs)
- Yes No Throat lozenges (Strepsils, Vicks Vapodrops)
- Yes No Antiseptic (Savlon, Medicreme, Betadine, Tea Tree Oil, Antiseptic Powder, Dettol)
- Yes No Deep Heat, Voltaren Emugul, Diclofenac, Stingose, Calamine Lotion, Curash

STUDENTS DAILY MEDICATION REQUIREMENTS

Please list all prescription/over the counter medication and vitamins. Please ensure all medications are in the original packaging with pharmacy label attached. Asthma sufferers are required to bring along 2 reliever puffers. Please ensure there is sufficient Medication to cover 4 weeks.

Essential Medication (To be taken regularly) (e.g.- sore joints, glucosamine, 1 tab twice daily before dinner and breakfast)

Illness /Condition	Medication	Dosage/ Frequency/ Time Taken

Medication required if needed (E.G.- allergy- bees, Antihistamine(Polaramine), 1 tab after sting)

Illness /Condition	Medication	Dosage/ Frequency/Time taken

Any comments _____

My child knows what medication he/she is taking; its dosage, timing and type

Signed _____ (Parent/Guardian) Date _____

