**ST. BERNARD’S COLLEGE**

**Year 8 @ Santa Monica 2015**

**Medical and Permission Forms**

**Student Details**

Surname Given Name/s

Date of Birth Year Level/Class

**Medicare/Health Insurance**

Medicare Number: Position on Card

**Doctor Details**

Doctor’s Name Phone number

Medical Centre

**Emergency Contacts whilst on Camp**

*(These can include parents)*

**1. Name**

Relationship to student Home number

Work number Mobile number

**2. Name**

Relationship to student Home number

Work number Mobile number

***Please complete this following medical form and ensure you sign the permission slip where requested.***

***If you have not provided the College with a Medical Action Plan for his particular condition, one must be attached to this form if your son requires any medication during Camp. Two sets of medication should be taken to Camp - one for teaching staff and one for the student. Ailment, medicine and dosage should be clearly stated on the tear-off section end of this form, which is to accompany all medication taken to Camp.***

**Medical Information**

For families whose son’s particular medical condition **is not known to the school** (i.e. not on a 2015 current Medical Action Plan), please provide details on this form **and** contact John Samanna (jsamanna@sbc.vic.edu.au) to ensure the school has a current formal Medical Action plan arranged for your son.

**My son’s condition is already known to the St Bernard’s College through a current 2015 formal Medical Action plan. Yes / No**

**IF YOUR SON HAS A MEDICAL ACTION PLAN, PLEASE INCLUDE A COPY WITH THIS FORM**

**Does your son have any of the following? :**

**1. Asthma** Yes / No

 *If yes, please complete the following:*

Medication/preventer/reliever taken for asthma

How often is medication required?

List known asthma triggers:

**I have attached an action plan for my son’s particular condition. Yes / No**

*If yes, please attach a copy. If no, please explain why.*

**2. Has your son at any time in the past suffered from the following:**

An anaphylactic reaction **Yes / No**

If yes, to what substance? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Details are sought later in form. i.e. Emergency situation - severe breathing difficulties, localised swelling.)*

A localised reaction (rash/itching/swelling) **Yes / No**

Does your son require adrenalin (EpiPen) for this allergy? **Yes / No**

What medication does your son take for the prevention / management of this allergic reaction?

Please ensure your son brings this medication on camp and liaise with John Samanna now to ensure SBC have spare medication for your son at the Essendon Campus should it be required.

**3. Does your son have diabetes?** Yes / No

*If yes, please provide details and attach a management plan*

**4. Does your son have epilepsy?** Yes / No

*If yes, please provide details and attach a management plan*

**5. Has your son had any recent illnesses, operations or serious accidents?** Yes / No

*If yes, please provide details here or attach separate sheet:*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**6. Does your son have any other medical condition?** Yes / No

*If yes, please provide details here or attach separate sheet:*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**7. Please list any prescriptive or non-prescriptive medication your son requires and the dosage:**

*Medication*  *dosage*

*Medication*  *dosage*

**8. Does your son suffer from travel sickness?** Yes / No

*If yes, please provide details:*

**9. Non – food allergies** *(Food allergies covered later)* Yes **/** No

*If yes, please complete the following:*

Medications Yes No Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insects Yes No Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Yes No Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If you answered yes to any of the above, please complete the following:*

Has your son been hospitalised due to these allergies? Yes / No

If your son’s allergic condition is not known to the school i.e. not on a Medical Action Plan, please provide details:

Signs and symptoms of reactions:

**Other Information**

**Is there any other information staff should be aware of that could affect their duty of care for your son, or restrict his participation in certain camp activities? (***Eg. Sleepwalking)*

**Yes / No**

*If yes, please provide full details:*

Signature of Parent/ Legal Guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For the kitchen - dietary information and food allergies.**

**This form will be detached by homeroom staff and given directly to the kitchen staff.**

**Please complete it if you have any concerns about your son’s food allergies or dietary requirements.**

**Name of student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Homeroom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of camp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is your son having a birthday whilst on camp? If so, date?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please highlight the special dietary requirements for your son:**

**Does your son have a food allergy? Yes / No**

Please indicate if this allergy causes an **anaphylactic reaction.**

Can your son have food or ingredients that ‘***may contain traces’*** of this food?

Egg Yes / No **Anaphylactic reaction? YES/NO Traces allowed Y/N**

Nuts Yes / No **Anaphylactic reaction? YES/NO Traces allowed Y/N**

Dairy Yes / No **Anaphylactic reaction? YES/NO Traces allowed Y/N**

Seafood Yes / No **Anaphylactic reaction? YES/NO Traces allowed Y/N**

Vegetarian Yes /No **Anaphylactic reaction? YES/NO Traces allowed Y/N**

Coeliac Yes / No **Anaphylactic reaction? YES/NO Traces allowed Y/N**

Lactose Intolerant Yes/No **Anaphylactic reaction? YES/NO Traces allowed Y/N**

Diabetic Yes / No **Anaphylactic reaction? YES/NO Traces allowed Y/N**

Gluten Free Yes / No **Anaphylactic reaction? YES/NO Traces allowed Y/N**

No Pork Yes / No **Anaphylactic reaction? YES/NO Traces allowed Y/N**

Other:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Yes / No **Anaphylactic reaction? YES/NO Traces allowed Y/N**

*If yes****, and not already on a Medical Action Plan****, please attach details:*

Signature of Parent/ Legal Guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permission Form**

**Student Behaviour**

I understand that in the event of my son’s misbehaviour, that poses a danger to himself or others, he may be sent home from Santa Monica. I further understand that in such circumstances I will be informed and that transportation of my son from the camp will be my responsibility.

**Consent for emergency transportation**

In the event of an emergency I consent to my son being transported in a privately owned vehicle driven by a member of the supervisory staff. (**Strike out if you do not consent)**

**PARENT CONSENT**

I have read all of the information contained in this booklet provided by the school in relation to the Year 8 @ Santa Monica experience.

I give permission for my son \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (full name) to attend.

Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (full name)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature)