



HELENSBURGH PUBLIC SCHOOL

YEAR 6 2018 CAMP
BERRY SPORT & RECREATION

This information is for school supervision and is additional to that required by camp. It is kept confidential. Additional medical and emergency information will be required by Berry Sport & Recreation closer to the date of our camp.

PLEASE RETURN this note to your child's classroom teacher by Friday, 19th October 2018.

1. DIETARY NOTIFICATION

Please be advised that my son/daughter _____ of class _____ has the following allergies/dietary requirements:

Parent/Guardian's Name: _____ Signature _____

2. My child suffers from travel sickness **YES / NO**

Medication: _____

3. Accommodation may be rooms with double bunks.

Do you prefer a lower bunk only for your child? **YES / NO**

Do you prefer an upper bunk only for your child? **YES / NO**

4. My child suffers from the following sleeping problems of which we should be aware - wets bed / sleep walks / sleep talks / scared of dark / night terrors

Other please supply details if necessary

5. Listed below are the details of medical problems and medication required by my child or conditions which may affect their participation in this excursion. Please supply additional written details of medications when supplying them on day of departure.

Medical problem or existing condition: _____

Name of medication (if required): _____

Dosage: _____

6. As HEADACHES are a common complaint with tired children, what treatment would you like given to your child? If you would like Panadol to be administered to your child in the event of pain, you should list "Panadol" hereunder and provide Panadol to the teacher. No treatment is able to be given unless listed below.
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7. I agree to provide written instructions of all medication dosages, times and usages with the medication to the accompanying teacher prior to departure. I understand that my child's medications must be handed to the teacher. In the event of changed circumstances, I also agree to update any medical or personal information, in writing, with the teacher.
8. I give authority for the accompanying teachers of this excursion to seek medical assistance for my child if they feel it is necessary. (Teachers and camp staff are all trained in emergency first aid.)

Medicare No: _____ Child's number on the card: _____

Name _____ Signed _____ Date _____