



Through Knowledge to Wisdom

Wallington Primary School

610 Wallington Road, Wallington 3222

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PRINCIPAL – Leigh McLaren

Year 5/6 URBAN CAMP 2015
Wednesday 22nd July – Friday 24th July

The Year 5/6 Camp to Melbourne has been finalised. **We would like all students to be at South Geelong Station by 9:10am** where they will be met by teachers. We will be travelling to Southern Cross Station from South Geelong Station on the 9:42am train and returning to South Geelong at 2:14pm on Wednesday.

Our group of 38 students and 5 adults will be staying at the **Urban Camp in Brens Drive, Royal Park, Parkville**. Our schedule for the week accompanies this note.

The **cost** of the camp will be \$230. (\$50 deposit + \$180 Balance)

Should you wish to start making payments towards the cost of camp please feel free to do so at any time. Final balance must be paid by Wednesday 15th July. If you would like to have alternative payment plan please see Leigh.

Please note – all money is to go through the classroom teacher and not the office unless you are paying by credit card.

A reminder: The Edge Experience is voluntary for students and to participate they must have parent permission. Students with permission may change their minds on the night. The cost is not covered in the Camp costs. Students are to bring the \$8 with them to camp.

Because Camp is the 2nd week of Term 3 we would like to finalise all medical forms by Wednesday 15th July. A note about **what to bring** will be sent home at the beginning of next term.

Thank you
Leigh McLaren

Please return the attached forms

By the Wednesday 15th July

- Medical Form and Asthma Management Plan if applicable
- Permission for Administering Pain Relief
- Full Payment to be made



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Dear Parents,

Department of Education and Training states that staff are not to administer pain relief to students at school. However, there are occasions when students are away from school, e.g. camps and excursions where parents may request children be given medication for conditions that are likely to arise. With the 5/6 camp approaching we are asking you to complete this form as an attachment to the camp medical form.

It is imperative that the medication, dosage and permission to administer are given to the teacher in charge on the morning of departure. Every effort will be made to contact parents before giving medication.

Leigh McLaren

Principal



PERMISSION FOR ADMINISTERING PAIN RELIEF
Please tick your preference for pain relief for your child.

1. If your child requires pain relief:

Rest

Or

Medication eg. Panadol or Nurofen

2. If your child has a minor ailment such as a sting, splinter or sunburn

Apply cold water only

Or

Ointment or lotion eg Stingose or Savlon

Please note: that staff would attempt to contact parents.

Child's name _____

Name of Parent/ Guardian _____

Signature _____

Confidential Medical Information for School Council Approved Excursions

The school will use this information if your child is involved in a medical emergency. All information is held in confidence. The medical information on this form must be current when the excursion/program is run.

Parents are responsible for all medical costs if a student is injured on a school approved excursion unless the Department of Education and Training is found liable (liability is not automatic). Parents can purchase student accident insurance cover from a commercial insurer if they wish to.

Excursion/program name: Urban Camp
Date(s): 22nd – 24th July 2015

Student's full name:

Student's address:

Postcode:

Date of birth:

Year level:

Parent/guardian's full name:

Emergency telephone numbers: *After hours*

Business hours

Name of person to contact in an emergency (if different from the parent/guardian):

Emergency telephone numbers: *After hours*

Business hours

Name of family doctor: _____

Address of family doctor:

Phone number:

Medicare number:

Medical/hospital insurance fund:

Member number:

Ambulance subscriber? Yes No If yes, ambulance number:

Is this the first time your child has been away from home? Yes No

Please tick if your child suffers any of the following:

- Asthma (if ticked complete Asthma Management Plan)
- Anaphylaxis (if ticked review and update the Individual Management Plan for the camp or excursion)
- Bed wetting Blackouts Diabetes Dizzy spells Migraine
- Heart condition Sleepwalking Travel sickness Fits of any type
- Other: _____

Swimming ability (needed for the Melbourne Swim and Aquatic Centre)

Please tick the distance your child can swim comfortably.

- Cannot swim (0m) Weak swimmer (<50m) Fair swimmer (50-100m)
 Competent swimmer (100-200m) Strong (200m+)

Allergies

Please tick if your child is allergic to any of the following:

- Penicillin Other Drugs: _____
 Foods: _____
 Other allergies: _____

What special care is recommended for these allergies? _____

Year of last tetanus immunisation: _____
 (Tetanus immunisation is normally given at five years of age (as Triple Antigen or CDT) and at fifteen years of age (as ADT))

Medication

Is your child taking any medicine(s)? Yes No

If yes, provide the name of medication, dose and describe when and how it is to be taken.

All medication must be given to the teacher-in-charge. All containers must be labelled with your child's name, the dose to be taken as well as when and how it should be taken. The medications will be kept by the staff and distributed as required. Inform the teacher-in-charge if it is necessary or appropriate for your child to carry their medication (for example, asthma puffers or insulin for diabetes). A child can only carry medication with the knowledge and approval of both the teacher-in-charge and yourself.

Medical consent

Where the teacher-in-charge of the excursion is unable to contact me, or it is otherwise impracticable to contact me, I authorise the teacher-in-charge to:

- Consent to my child receiving any medical or surgical attention deemed necessary by a medical practitioner.
- Administer such first-aid as the teacher-in-charge judges to be reasonably necessary.

Signature of parent/guardian (named above) _____

Date: _____

The Department of Education and Training requires this consent to be signed for all students who attend government school excursions that are approved by the school council.

Note: You should receive detailed information about the excursion/program prior to your child's participation and a Parent Consent form. If you have further questions, contact the school before the program starts.

Asthma Management Form

The following confidential information is required to assist in the proper management of a child's asthma, if such help is needed. Please complete and attach to the Medical Consent form. For more information on Asthma see [section 4.5.10.3 of the Victorian Government Schools' Reference Guide](#). Further information is available from the Asthma Foundation www.asthma.org.au.

Student's name:

School:

Usual signs of asthma: Wheezing Chest tightness Coughing Difficulty breathing Difficulty speaking Other

When completing this form please seek the advice of the asthmatic's doctor if necessary.

1. Usual maintenance regime or medical program followed:

Name of Medication	Method (eg. Puffer & spacer, turbohaler)	When and how much?
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Does the child require assistance to take their medication? Yes No

2. Peak flow readings: Best Critical(bring own peak flow meter)

3. Signs of worsening asthma: Wheezing Chest tightness Coughing Difficulty breathing Difficulty speaking Other:

Medication and treatment to be used during worsening asthma:

4. Medication and treatment to be used during crisis situations:

See Asthma First Aid Plan attached on page 2.

5. List any known asthma trigger factor(s):

6. Has the person been admitted to hospital due to asthma in the past 12 months? Yes No

7. Has the person been on oral cortisone for asthma within the past 12 months? (e.g. Prednisolone, Cortisone, Betamethasone etc) Yes No

8. Has the person ever suffered sudden severe asthma attacks requiring hospitalisation? Yes No

Important Notes

If you have answered "yes" to questions 6, 7, or 8 then the decision for the person to participate rests with the child's doctor. The process in such situations is as follows:

- the person's doctor or parents/guardians (if a student) may contact the school Principal for further information on the program and support available;
- a letter from the student's doctor, stating the doctor's decision must accompany this form.

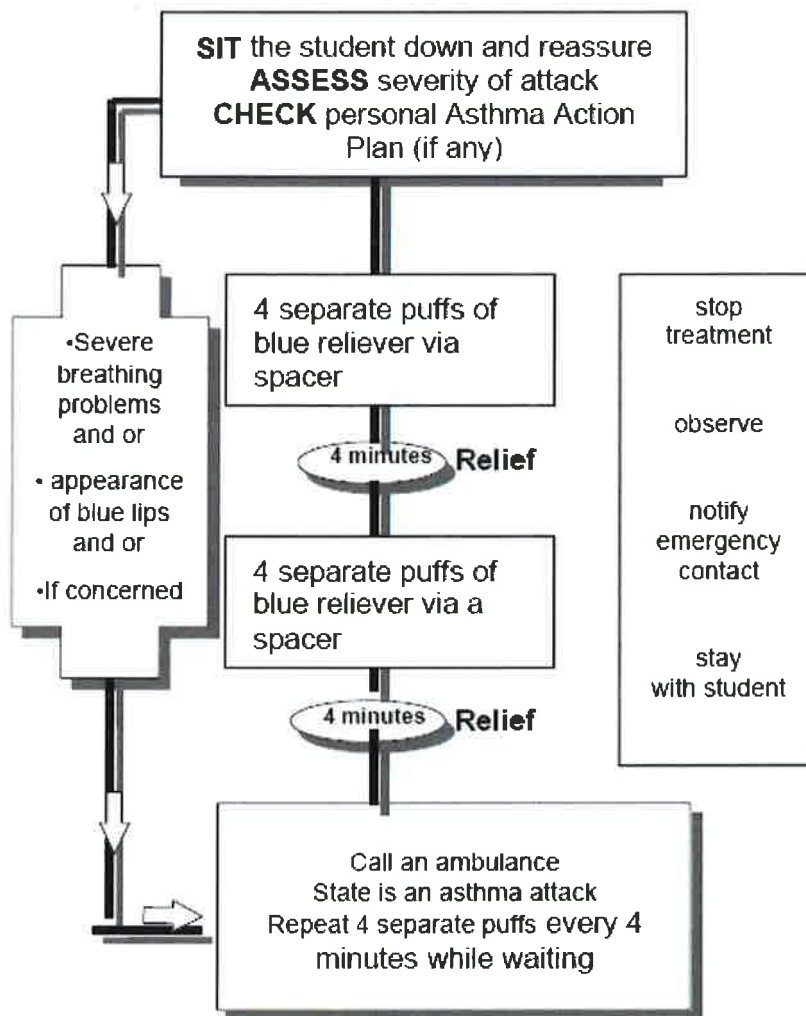
I declare that the information provided on this form is complete and correct.

Parent/guardian: _____

Phone contact(s): _____ OR _____

Signature: _____ Date: _____

Asthma First Aid Plan



From the Victorian Government Schools' Reference Guide Section 4.5.7.8