

Taylor Syndicate Health Profile for Students and Adults Attending EOTC

Please complete this health profile for each child / adult attending: N.B. please be aware that some of these may not apply to children/ adults not staying over night

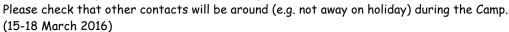
Name of attendir	f child or adult ng Camp					Medic numbe		(if	applicable)		
1.	Please tick if your child/	you (if a	ttending) hav	ve any of	the follow	wing:					
	Migraine		Epilepsy				Asthma				
	Diabetes		Travel sic	kness			Fits of any	type			
	Chronic nose bleeds		Heart con	dition			Dizzy spell	S			
	Colour blindness		Sleepwalk	ing			Bedwetting	9			
	Other - please explain										
2.	Will your child/you (if at	tending)	be taking an	y medica	tion while	attendi	ng these act	ivities?	Yes		10
	If YES - What for?										
	Name of medication/s:										
	Dosage and time/s to be	taken									
	Other treatment:										
3.	Is your child/you (if atte Prescription medication Food	ending) a	llergic to any	of the f		Please s	pecify]	
	Insect bites/stings]]	
	Other allergies]]	
	What treatment is requi	red?]	
				Γ							

	Please outline any <u>major</u> dietary requirements for your child/you.
5.	What pain medication may your child be given if necessary? You will need to supply the pain medication.
6.	Is there any information Tinwald School staff should know to ensure the physical and emotional safety of you/your child? (For example; disability; anxiety about heights/darkness/small spaces; behaviour or emotional problems). Yes No
	If YES, please state or attach extra information.
	Declaration:
	I agree that if prescribed medication needs to be administered, a designated adult will be assigned to do this. I will ensure that prescribed medication is clearly labeled, securely fastened and handed to Catherine Mackenzie before Camp/ day trip, with clear instructions on its administration.
	I understand that if my child/myself gets sick or injured at Camp, the TIC (Catherine Mackenzie) will contact the named emergency contacts (attached to this form) with the details. If my child/myself needs to go home from Camp, I must make the necessary arrangements in consultation with the TIC. (Catherine Mackenzie)
	I will inform the school as soon as possible of any changes in medical or other circumstances between now and the commencement of the Camp/ day trip.
	I understand that unacceptable behaviour by my child may mean my child misses out on Camp/ day trip may be asked to leave the Camp/ day trip early. I will need to make arrangements to collect my child ASAP if necessary.
Pri	nt name
Sig	ned
	To be read and signed by adult participant or parent/caregiver of child participant.
Da	te

4. CAMP ONLY

Emergency Contact Details

Please provide <u>2 sets of emergency contact details</u> for your child/you (if attending). Parents will always be the first contact we try.





1. Name of emergency contact: Relationship to the child/you: Address: **Evening Phone:** Day Phone: Cell Phone: 2. Name of emergency contact: Relationship to the child/you: Address: **Evening Phone:** Day Phone: Cell Phone: Parental consent I agree to my child/myself taking part in the Year 4 Camp at Tinwald School and/ or day trip to Christchurch. I agree to their / my participation in all the activities. I acknowledge the need for them / me to behave responsibly. Acknowledgment of risk I understand that there are risks associated with involvement in school EOTC events and that these risks cannot be completely eliminated. I understand that the school will identify any foreseeable risks or hazards and implement correct management procedures to eliminate, isolate, or minimize those hazards. I understand that my child will be involved in the development of safety procedures. I will do my best to ensure that my child/ I follow these procedures. I understand that the school does not accept responsibility for loss or damage to personal property and that it is my responsibility to check my own insurance policy. To be read and signed by adult participant or parent/caregiver of child participant. Print name: Signed: