

— Appendix E —

Bogong Outdoor Education Centre
Parent Consent Form — Valid 2009

School:

Student's Full Name:

Address:

Postcode: Students Age: Birthdate:

Home Phone: Work Phone: Mobile Phone:

Parent/Guardian Consent - please circle as appropriate – (if left blank we will assume yes is the response):

I agree to my child using the internet and computer network at BOEC in accordance with the same internet student users agreement that applies at their current school.	Yes	No
I also consent to my child being photographed and/or visual images of my child being taken during activities by the DoE for use in the Centre's publications, Centre's website or for publicity purposes without acknowledgment and without being entitled to any remuneration or compensation.	Yes	No
Is this the first time your child has been away from home?	Yes	No
I authorise the teacher in charge to administer paracetamol as per Bogong OEC's protocol.	Yes	No
I agree to my child being a member of the Friends of Bogong Camp (see website for details).	Yes	No

I agree to my child's attendance at the Bogong Outdoor Education Centre and to his/her taking part in any excursion or activities arranged for students in connection with the Centre program. I have read the **Parent & Student Booklet** and understand the program contains potentially hazardous activities in remote areas subject to natural hazards and severe weather.

I will notify the school if my child is in contact with any infectious disease within four weeks of departure date. In the event of any illness or accident, where it is impracticable to communicate with me, I authorise the teacher in charge to consent to my child receiving such medical or surgical treatment as may be deemed necessary. I accept responsibility for payment of any expenses thus incurred. In the event of my child being unable to accompany the rest of the group home due to ill health or accident I will make the necessary arrangements in liaison with the Centre Principal for his/her return.

Should my son/daughter violate the rules of the camp to the extent that the teacher in charge in consultation with the Principal of BOEC considers that he/she should be sent home, I agree to organise this withdrawal and fully cover the transport costs involved in this process.

Parent/Guardian's Full Name: Date:

Parent/Guardian's Signature: Date:

Students Undertaking

I have read the BOEC's Students Code of Conduct and I hereby undertake that while travelling to and from the Centre and while in attendance I shall behave in a good and proper manner and shall observe whatever rules are decided on as best for the welfare of all.

Student's Signature: Date:

Cancellation or Withdrawal

The Department of Education and Early Childhood Development (DEECD) reserves the right to cancel a program for any reason. In the event of a student's application being withdrawn prior to the commencing date of the program the Department through the Principal reserves the right to make a refund only where a reasonable excuse for withdrawal is offered. No refund will be made where a student leaves during the camp except in the case of illness, and then only on a pro rata basis.

— Appendix F —

**Bogong Outdoor Education Centre
Medical Information Form — Valid 2009**
For Students & Visiting Teacher (VT) to fill in.

This information is intended to assist Bogong OEC in case of any medical emergency with your child or a VT. All information is held in confidence.

School:

Student/VT Full Name :

Date of Birth: **Male/Female** **School Year** (if applicable):

Parent details are required if Medicare is used.

Parent/Guardian/Contact Person's Full Name:

Parent/Guardian/Contact Person's Date of Birth:

Address:

..... **Postcode:**

Home Phone: **Work Phone:** **Mobile Phone:**

Name & Address of Family Doctor:

Medicare No: **Medicare Card Valid to:**/..... **Child's Number** (eg. 2, 3, 4):

Medical/Hospital Insurance Fund: **Contribution No:**

Ambulance Subscriber?: Yes — No If yes, ambulance number:

Please tick the box on the right if your child suffers any of the following:

Allergies	(if ticked you <u>MUST</u> complete and attach the Anaphylaxis Management Plan)	
Asthma	(if ticked you <u>MUST</u> complete and attach the Asthma Management Plan)	

Please note down details of conditions ticked in the space provided:

Blackouts		
Diabetes		
Dietary Requirements		
Dizzy Spells		
Epileptic		
Hay Fever		
Heart Condition		
Migraines		
Sleepwalking		
Travel Sickness		
Any other condition?		

Previous Injuries		Physical Difficulties		First Time Away		Non Swimmer is < 25m	
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Details of above condition/s:

Tetanus Immunisation: Year of last tetanus immunisation

(Note: Tetanus immunisation is normally given at 5 years of age — as Triple Antigen or CDT and at 15 years of age — as ADT.)

Tablets & Medicines: Is your child presently taking tablets and/or medicine? **Yes — No**

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

All medication must be handed to the teacher in charge prior to leaving. 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. (These will be kept in the first aid centre and distributed as required). If it is necessary or appropriate for your child to carry their own medication (for example, asthma puffers and insulin for diabetes) it must be with the knowledge and approval of both the teacher in charge and yourself.

Signature of Parent/Guardian: **Date:**

DEECD requires this consent to be signed for all students and teachers attending school excursions.

— Appendix G —

**Bogong Outdoor Education Centre
Asthma Management Form**

— Valid 2009 —

For Students & Visiting Teacher (VT) to fill in.

The following confidential information is required to assist in the proper management of asthma sufferers whilst at Bogong Outdoor Education Centre. Please complete and attach to the Medical Information/Parent Consent Form. 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?

Does the child require assistance to take their medication? Yes No

2. Peak flow readings: BestCritical(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):

Please complete page 2 of the Asthma Management Form.

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. Pednisolone, 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 attend Bogong Outdoor Education Centre rests with the his or her doctor. The process in such situations is as follows:

- the person's doctor or parents/guardians (if a student) may contact the school Principal on 03 5754 1732 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.

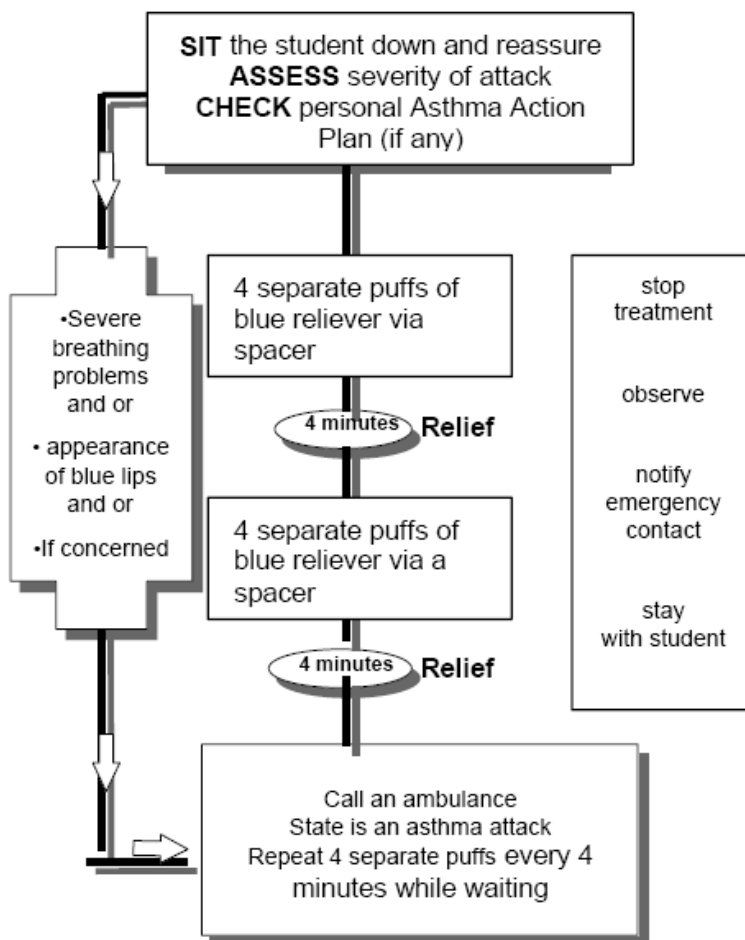
I declare that the information provided on this form is complete and correct.

Parent/guardian: _____

Phone contact(s): _____ OR _____

Signature: _____ Date: _____

Asthma First Aid Plan



— Appendix H —

Bogong Outdoor Education Centre
Anaphylaxis Management Form
 — Valid 2009 —
 For Students & Visiting Teacher (VT) to fill in.

Cover Sheet

This Plan is to be completed by the principal or nominee on the basis of information from the student's medical practitioner provided by the parent/carer.

School:		
Phone:		
Student's name:		
Date of birth:	Year level:	
Severely allergic to:		
Other health conditions:		
Medication at school:		
Parent/carer contact:	Parent/carer information (1)	Parent/carer information (2)
	Name:	Name:
	Relationship:	Relationship:
	Home phone:	Home phone:
	Work phone:	Work phone:
	Mobile:	Mobile:
	Address:	Address:
Other emergency contacts (if parent/carer not available):		
Medical practitioner contact:		
Emergency care to be provided at school:		
EpiPen® storage:		
The following Anaphylaxis Management Plan has been developed with my knowledge and input and will be reviewed on		
Signature of parent:		Date:
Signature of principal (or nominee):		Date:

Action plan for Anaphylaxis

Name: _____

Date of birth: _____



Known severe allergies: _____

Parent/carer name(s) _____

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by: _____

Dr. _____

Signed _____

Date _____

How to give EpiPen® or EpiPen® Jr



1. Form fist around EpiPen® and pull off grey cap.



2. Place black end against outer mid-thigh.



3. Push down **HARD** until a click is heard or felt and hold in place for 10 seconds.



4. Remove EpiPen® and be careful not to touch the needle. Massage the injection site for 10 seconds.

MILD TO MODERATE ALLERGIC REACTION

- swelling of lips, face, eyes
- hives or welts
- abdominal pain, vomiting

ACTION

- stay with child and call for help
- give medications (if prescribed)
- locate EpiPen® or EpiPen® Jr
- contact parent/carer



**watch for signs
of Anaphylaxis**

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- difficulty/noisy breathing
- swelling of tongue
- swelling/tightness in throat
- difficulty talking and/or hoarse voice
- wheeze or persistent cough
- loss of consciousness and/or collapse
- pale and floppy (young children)

ACTION

- 1 Give EpiPen® or EpiPen® Jr
- 2 Call ambulance. Telephone 000
- 3 Contact parent/carer

If in doubt, give EpiPen® or EpiPen® Jr

Additional Instructions _____

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ascia
australian society of clinical immunology and allergy Inc.

www.allergy.org.au