



Applied Positive Psychology

Year 10 Camp 2024

Emu Gully

Monday 30 September – Thursday 3 October 2024

STUDENT PROGRAM CONSENT AND MEDICAL FORM (Page 1 of 4)

This information provided herein will be treated as confidential. It will be used to assist staff in supporting students and if necessary, responding to emergencies.

Privacy Statement

The Department of Education is collecting the personal information in this form in order to:

- obtain consent for the named child/student to participate in the excursion;
- help coordinate the excursion;
- respond to any injury or medical condition that may arise during or as a result of the excursion; and
- update school records where necessary.

The information will only be accessed by authorised departmental staff. The information will not be disclosed to any other person or agency unless we have your consent or we are required or authorised by law to do so e.g. in compliance with relevant [Queensland Chief Health Officer's Directions](#).

Activity Description

Y10 Camp is conducted at Emu Gully Adventure Education Group, a provider for school camp programs. During the camp students will travel by bus to Helidon and then Emu Gully. The groups will sleep in barracks style accommodation with hot showers and toilet facilities. Meals are provided in a dining room from a commercial kitchen. Activities are managed by Emu Gully and are all risk assessed and supervised by an Emu Gully staff member and a TGSHS staff member. The group will complete a range of adventure activities, a teambuilding activity, a bush dance, skirmish and supervised swimming in dams.

| | | | |
|------------------------|--|--------------|--|
| Student's Full Name | | | |
| Date of Birth | | Medicare No. | |
| Connect Class (e.g. A) | | | |

| | | | | |
|----------------------------|--|------------|--------------|--------|
| Emergency Contact 1 (Name) | | | Relationship | |
| Home Phone No. | | Work Phone | | Mobile |

| | | | | |
|----------------------------|--|------------|--------------|--------|
| Emergency Contact 2 (Name) | | | Relationship | |
| Home Phone No. | | Work Phone | | Mobile |

STUDENT PROGRAM CONSENT FORM (Page 2 of 4)

When was your last Tetanus Booster _____ *(If over 10 years you are advised to arrange a booster before the camp)*

MEDICAL HISTORY

| Have you ever suffered from | YES | NO | Comments |
|--|-----|----|--|
| Asthma | | | |
| - Is your management plan the standard Asthma first aid response? | | | No need to provide an Asthma management plan |
| - Is your management plan different from the standard Asthma first response? | | | Please provide an Asthma management Plan: https://thegapshs.eq.edu.au/extra-curricular-and-excursions |
| Allergies* | | | |
| Diabetes* | | | |
| Epilepsy* | | | |
| Heart Problems | | | |
| Blood Pressure | | | |
| Recent Illness/Injury/Operation | | | |
| Sleep Walking | | | |
| Migraines | | | |
| Neurodivergent | | | |
| Disabilities | | | |
| Current Infectious Diseases E.g. <i>Colds, Viruses, measles, chicken pox, Head Lice, Hepatitis A, B, C</i> | | | |
| Any issues or concerns we should be aware of? | | | |

* If you have answered **Yes** for one of these conditions, please provide an **Emergency Action Plan** if you have one.

* For Allergies, please submit an **Anaphylaxis Action Plan** (if applicable) or **complete the Allergy Management Plan form** on the school website: <https://thegapshs.eq.edu.au/extra-curricular/camps-and-excursions>

Other Information

| Swimming Ability (select) | Non-Swimmer | Fair | Good | Excellent |
|---------------------------|-------------|------|------|-----------|
| Special Dietary Needs | | | | |

RETURN TO: Head of APP or School Administration Office
Faculty of Applied Positive Psychology
Phone: 07 3511 3888 Email: year10camp@thegapshs.eq.edu.au

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MEDICATIONS

Will your child require medication whilst on camp and/or is currently taking medication? Yes No

If yes, please note the following:

- You must complete a **Consent to Administer Medication form** for each medication that will be brought to camp.
- Forms can be downloaded from - <https://thegapshs.eq.edu.au/extra-curricular/camps-and-excursions>
- Please ensure the medication is labelled with a **prescription or pharmacy label (over the counter medication) with your child's name and dosage requirements**. For security, some medications may need to be handed to the accompanying teacher before departure on Camp.

| | Drug Name | Dosage | Frequency | Instructions |
|---|-----------|--------|-----------|--------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |

If you have any further details that may assist us in taking care of your child during this program, please attach a separate note to this form. You may also wish to discuss any concerns with us personally.

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DECLARATION

Activity risks and insurance

The Department of Education does not have personal accident insurance cover for children/students. If a child/student is injured as a result of an accident or incident while participating in the activity, all costs associated with the injury, including medical costs are the responsibility of the parent/carer. Some incidental medical costs may be covered by Medicare. If the parent/carer has private health insurance, some costs may also be covered by your provider. Any other costs must be covered by the parent/carer. It is up to the parent/carer to decide the type/s and level of private insurance they wish to arrange to cover their child. Please take this into consideration in deciding whether or not to allow the child/student to participate in this activity.

Consent

By signing this form, I agree to all the following statements:

- I have read all of the information contained in this form in relation to the activity (including any attached material)
- I am aware that the department does not have personal accident insurance cover for students.
- I will pay to the school the costs detailed in the camp letter for the child/student's participation in the activity.
- I agree to and understand the refund policy as it applies to this excursion (see Camp Letter)
- In the event of an accident or illness, school staff may obtain or administer any medical assistance or treatment the child/student may reasonably require, including contacting their doctor.
- I accept liability for all reasonable costs incurred by the department in obtaining such medical assistance or treatment (including any transportation costs) and undertake to reimburse the department the full amount of those costs.
- I have provided the school with all relevant details of the child/student's medical or physical needs on registration /enrolment and where relevant have updated this information.
- I give consent for student contact information to be shared in relation to this activity in compliance with relevant [Queensland Chief Health Officer's Directions](#).
- I give consent for sharing of the child/student's medical and dietary information (provided in this form) with the camp provider, to help manage student safety while on camp.
- I acknowledge that through participation in the program activities, as organised by The Gap State High School, that in addition to usual risks inherent, certain other risks and dangers may be encountered. These may include (but are not limited to): remoteness from normal medical services; moderate physical exertion which my child may not be accustomed to; weather extremes subject to sudden unexpected change; evacuation difficulties if my child is injured or temporarily incapacitated.
- I give consent for a teacher to provide *paracetamol to my child if required (*please detail any allergic reactions to paracetamol on the medical form).
- My child has discussed these conditions with me, and willingly agrees to fully comply with the Student Code of Conduct and the safety standards and procedures as described by school staff and the camp provider's staff. I acknowledge that I am fully responsible for their transportation should my child be required to return to school or home from camp.

I give consent for the named child/student, _____ **<insert student's name>** to participate in the Year 10 Camp on **Monday 30 September – Thursday 3 October 2024**.

| | | | |
|-------------------------|--|-------|--|
| Parent/Carer Full Name: | | | |
| Phone number: | | | |
| Email address: | | | |
| Signature: | | Date: | |