

STUDENT PROGRAM CONSENT AND HEALTH INFORMATION FORM.

This form is to provide school staff organising excursions, camps or other off-site school activities with confidential health information about a student which may affect their full participation in the activity.

Privacy Statement

The Department of Education is collecting this personal information in order to support the health needs of the named student during the excursion identified below. The information will only be used by authorised employees of the department. The information will not be given to any other person or agency unless we have your consent, or we are required by law to do so.

Name of excursion	Year 10 Camp 2026 – Emu Gully
Year 10 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, paintball skirmish and supervised swimming in dams.	
Date/s of excursion	Monday 12 October 2026 – Thursday 15 October 2026

1: Student & parent/carer details			
Student name			
Date of Birth		Connect Class	
Parent/carer name			
Medicare number			
Private Health Insurance Fund name (if applicable)		Membership number	
Medical practitioner name		Contact phone number	

2: Health conditions		
2.1. Does the student have any health conditions	☐ Yes (go to 2.2)	☐ No (go to 2.3)
2.2. Indicate the student's health condition/s: ☐ Asthma ☐ Anaphylaxis ☐ Diabetes ☐ Epilepsy ☐ Other: _____		
Contact the Camp Coordinator as soon as possible to plan for any support or reasonable adjustments required to manage the student's health condition. For example, if the student requires medication or if they require additional overnight support e.g. catheterisation, gastrostomy, blood glucose testing. (year10camp@thegapshs.eq.edu.au)		
2: Health conditions		
2.3. Does the student have any current or previous injuries that may affect their participation?	☐ Yes (go to 2.4)	☐ No (go to 3)
2.4. Describe the injury:		

3: Neurodivergent Considerations		
3.1. Is your child supported by Student Support Services	☐ Yes (go to 3.2)	☐ No (go to 4)
3.2. If your child is not currently supported by Student Support Services, please let us know about any neurodiversity, learning differences, or individual needs we should be aware of to best support your child during camp.		

4: Medication requirements				
4.1 Will the student require medication during the camp? (Including over the counter medication)		☐ Yes (go to 4.2)	☐ No (go to 5)	
4.2 Please list required medication below				
	Medication Name	Dosage Qty	Frequency	Instructions
1				
2				
3				
4				
5				
4.3 Does the student require staff to administer their medication? (Controlled medication must be administered by staff)		☐ Yes (go to 4.5)	☐ No (go to 4.4)	
4.4 Does the student have approval to self-administer their medication at school?		☐ Yes	☐ No	
4.5 Does the medication require special storage?		☐ Yes	☐ No	
If the answer was YES to any of the questions above: - Complete and attach a Consent to administer medication form for each medication and any relevant advice from the health practitioner e.g. action plan, letter, medication order - Contact the camp coordinator as soon as possible to ensure that the student's medication needs can be supported. (year10camp@thegapshs.eq.edu.au)				

5: Dietary requirements		
5.1 Does the student have specific dietary requirements?	☐ Yes (go to 5.2 & 5.3)	☐ No (go to 6)
5.2 List the foods/ingredients your child is NOT to eat:		

5.3. Describe the reason/s why the student cannot eat the above foods/ingredients e.g. religious, cultural, allergic/anaphylaxis, vegetarian:

If relevant, please attach – **anaphylaxis/allergy management plans**.

6: Travel and away-from-home issues

6.1. Does the student experience travel/motion sickness? If YES and the student requires medication for travel/motion sickness, complete the Consent to administer medication form and provide the school with the medication.	☐ Yes	☐ No
6.2 Does the student require night bedwetting management or require an appliance / device at night to support a health condition? If YES, describe what aid / appliance / support is required:	☐ Yes	☐ No
6.3 Does the student sleep walk, have night terrors, have fears/phobias, experience anxiety, or have any other issue/s that may impact on their participation in this excursion? If YES, describe the actions required to manage these:	☐ Yes	☐ No

7.1 Swimming Ability (Please indicate your child's swim ability below)

☐ Non-Swimmer ☐ Fair ☐ Good

Please turn over to sign consent declaration on page 4.

8: Declaration

I have reviewed the information provided in this form and confirm that this information is accurate.

Consent

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

- I have read all 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 2026 Year 10 camp occurring 12/10/26 - 15/10/26.

Parent/Carer	Name:		
	Phone Number:		
	Signature:		Date: