

Please complete and return this form to the School Office
by no later than Friday 12 July 2019.

13 June 2019

2019 NOOSA NORTH SHORE RESIDENTIAL CAMP – YEAR 5
Tuesday 13 – Friday 16 August 2019

SPECIAL DIETARY / MEDICAL NEEDS



Note: This is about specific special dietary needs, not likes and dislikes.

STUDENT or ADULT SUPERVISOR'S NAME: (PLEASE PRINT): _____

(Please tick)

I have no special dietary needs or medical conditions.

I have the following dietary needs or medical needs.

DIETARY NEED/S: Write these below, so that the school can inform the kitchen staff at our place of accommodation.

MEDICAL CONDITION/S:

Please tick if your child suffers any of the following:

- | | | |
|--------------------------------------|---|--|
| <input type="checkbox"/> Bed Wetting | <input type="checkbox"/> Fits of Any Type | <input type="checkbox"/> Heart Condition |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Dizzy Spells | <input type="checkbox"/> Sleepwalking |
| <input type="checkbox"/> Blackouts | <input type="checkbox"/> Migraines | <input type="checkbox"/> Travel or Motion Sickness |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Other _____ | |

Does your child have any other medical condition or disability which may affect his or her participation in this camp?

YES / NO

**If YES, please give details.*

2.

Is your child on any prescribed medication/s which would be required to be continued during this camp? **YES / NO**

**If YES, please give details.*

If your child requires medication, including PARACETAMOL, whilst on the camp, please provide the medication with the Pharmacy Label (Patient Name, Dosage, Doctor's Name) in a clearly labelled container or quick seal bag with documentation stating dosage and frequency and hand it to your child's classroom teacher on the morning of the camp.

Does your child have any allergies or sensitivities (e.g. insect bites, food)? **YES / NO**

**If YES, please give details.*

"STOP ITCH" MEDICATION

Permission to administer Stop Itch as required (according to instructions on packaging)

YES / NO

Is your child **able** to swim?

YES / NO

Does your child have a fear of the water?

YES / NO

Do you give consent for photos/video of your child to be taken by the teachers/staff on this camp?

YES / NO

Is there any other information you would like to give which, in your view, may assist the school in the care and safety of your child during this camp?

YES / NO

**If YES, please give details.*

EMERGENCY CONTACT TELEPHONE NUMBERS:

(Please include name of contact)

PARENT / GUARDIAN / ADULT SUPERVISOR NAME: (PLEASE PRINT)

SIGNATURE: _____ DATE: ____ / ____ / ____

