



CUDGEN PUBLIC SCHOOL
MEDICAL INFORMATION FORM



Please return to school by Friday 15th October 2021

Excursion – 5/6 Camp 2021 – Lake Ainsworth Sport and Rec Centre

Privacy Advice

The information provided on this form is being obtained for the purpose of ascertaining relevant medical information, requirements and other health care related needs about your child who may participate in excursions, sporting activities or other educational or school activities conducted by or in conjunction with your school.

The information will be used by officers of the NSW Department of Education and Training to assist planning, to support students, and to minimise risks when conducting school excursions, sporting or other school activities.

Other persons or agencies that may be provided with information include, but are not limited to, volunteers and members of external organisations who join with the school or are otherwise involved in the planning or delivery of the excursion, sporting or other school activity; and persons that may be called upon to provide health care treatment or other assistance during or as a consequence of such excursions or activities.

Provision of this information is not required by law. However a failure to provide the information may mean that your child can not participate in a particular excursion or school activity. In such circumstances the school will make available an alternative educational experience.

Provision of the information will significantly assist the school in planning a safer educational activity.

This information will be stored securely. If you have any concerns about provision of this information, please

Student Name _____ Class _____

Medicare Number - optional _____

Parent or caregiver contact details

Name: _____

Address: _____

Home phone: _____ Work phone: _____ Mobile phone: _____

Doctor contact details

Name: _____

Address: _____

Doctor's telephone: 1. _____ 2. _____

Emergency alternative contact/s details

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____



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List existing medical conditions or illnesses (include asthma, diabetes, epilepsy, allergies etc.). Outline treatment for each.

Outline special dietary needs including possible reaction to inappropriate diet.

Medication/s to be administered during the excursion. Include name of medication, instructions for administration, time of administration, and any possible reactions.

Signature of parent or caregiver: _____ Date _____

Unstructured swimming is free swimming on celebration or reward days, or free swimming as part of or added to:

An excursion,
A school carnival
A school camp, or
A weekly swimming program

This excursion will involve the following unstructured aquatic activities: **Free Swimming**

Prior to participation all students nominated on this form by their parent/caregiver as a swimmer will be required to participate in an aquatic pre-activity water survival challenge to look at your child's aquatic proficiency.

The aquatic pre-activity **Water Survival Challenge** comprises the following continuous progression – a slide in entry, a walk of 5m in shallow end of pool, a swim of 25 metres using a recognised stroke and 1 minute float, scull or tread water in deep water followed by an unassisted exit.

Students nominated by their parent/caregiver on this form as a non-swimmer will not be allowed in deep water and will not have to do the water survival challenge.

At the completion of the **Water Survival Challenge** your child will be issued with either:

- Blue wristband allowing them to participate in deep water unstructured activities
- Yellow wristband allowing them to participate in shallow water (waist deep) activities.

Any student who is not permitted to go in the water or is not able to walk safely in the water with balance and stability will not take part in any water activities. Appropriate non – aquatic activities have been planned for these children

All activities will take place at: **Lake Ainsworth Sport and Recreation Centre**

Unstructured - aquatic activities - response

Student Name: _____ Class: _____

Please clearly circle one:

My child is **permitted** to go in the water
My child is **not permitted** to go in the water

If your child is permitted to go in the water (please clearly circle one):

My child is a **swimmer***
My child is a **non – swimmer***

.....
Signed parent / care giver

.....
Date

(*Please note: Non – swimmers will only be allowed in shallow water (waist deep). Swimmers will be allowed in deep water).