

**NAPIER CENTRAL SCHOOL CAMP  
CONSENT AND HEALTH FORM**

(Please complete and return to the classroom teacher)

**STUDENT'S NAME** \_\_\_\_\_ **ROOM** \_\_\_\_\_

I give permission for my son / daughter \_\_\_\_\_ to participate in **CAMP ACTIVITIES** while at **Omatua Camp**

**Dates: Rm 4: 29 Feb- 2 March Rm 3: 21 – 23 March Rms 1 & 6: 28 – 30 March**

I agree that he / she should take part in such activities and such necessary duties as may be required by the staff.

- I authorise the obtaining on my behalf any medical assistance, if, in the opinion of the staff, such treatment is necessary and agree to meet any costs incurred.
- To the best of my knowledge he / she has no medical or physical disabilities likely to prove detrimental to him / her or others during the programme.
- Should my son / daughter be involved in a serious disciplinary problem I accept that he / she may be sent home at my expense.

Signature of Parent / Caregiver \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Emergency contact person \_\_\_\_\_ Emergency Phone \_\_\_\_\_

**CONFIDENTIAL MEDICAL REPORT**

This report is to assist us in case of any eventuality with your son / daughter. All information is held in confidence. We ask parents / caregivers to note the following requests:

1. Is your child presently taking tablets and / or medicine YES / NO  
If yes, please state the name and dosage of the medication \_\_\_\_\_
2. All medicines must be handed to the Teacher in Charge prior to leaving with your child's name, the dosage to be given and when it should be taken. The original container must be used.  
*(Please do not allow children to be in possession of any medicine whilst on the camp).*
3. Please tick if your child suffers any of the following:  
\* Bed wetting ( )      \* Fits of any kind ( )      \* Heart Condition ( )  
\* Dizzy spells ( )      \* Sleep Walking ( )      \* Asthma ( )  
\* Blackouts ( )      \* Migraine ( )      \* Travel Sickness ( )

Other \_\_\_\_\_

Allergies to:

\* Penicillin ( ) \* Any foods ( ) \* Drugs ( ) \* Bee Stings ( ) \* Other ( )

4. What special care is recommended \_\_\_\_\_
5. Last tetanus immunisation was \_\_\_\_\_
6. I authorise the teacher in charge of the camp to consent, where it is impracticable to communicate with me, to the child receiving such medical or surgical treatment as may be deemed necessary.

Signed \_\_\_\_\_ Date \_\_\_\_\_

7. Please note here any known health problem, or specific food requirements which may affect your son / daughter  
\_\_\_\_\_  
\_\_\_\_\_

8. Is this the first time your child has been away from home without family support? YES / NO

I authorise the teacher to administer paracetamol for minor pain relief. YES / NO

Thank you for filling out this form. Please return the form to the classroom teacher by **FRIDAY 17 FEBRUARY**

