

**STELLA MARIS PRIMARY SCHOOL  
CONFIDENTIAL CONSENT AND MEDICAL FORM**

**CHILD'S FULL NAME:**

*Parent/caregiver contact details while child is at camp*

**MOTHER'S NAME:**

**FATHER'S NAME:**

Address:

Address:

Work Phone:

Home Phone:

Work Phone:

Home Phone:

Cellphone:

Cellphone:

**EMERGENCY CONTACT – Name:**

Relationship To Child:

Work Phone:

Home Phone:

Cellphone:

- I give permission for my child to participate in the school camp at:  
(name of camp) \_\_\_\_\_  
(date of camp) from \_\_\_\_\_ to \_\_\_\_\_
- In the event of accident or illness, I authorise the obtaining on my behalf any medical assistance, if, in the opinion of staff, such treatment is required, and agree to meet any costs incurred.
- I agree that my child should take part in activities and necessary duties as part of the camp programme.
- I understand that the school will not accept responsibility for loss or damage to personal property.
- I agree that my child will follow all camp rules (this includes no electronic games, cellphones or junk food to be taken to camp)
- I understand that this information is given in confidence and is meant to assist in the safety of my child during camp.

**MEDICAL INFORMATION:** *Please tick anything in the following list from which your child suffers and give necessary details in the space below or on separate sheet if necessary.*

Asthma	<input type="checkbox"/>	Bedwetting	<input type="checkbox"/>	Sleepwalking	<input type="checkbox"/>
Sinus/Hayfever	<input type="checkbox"/>	Sting allergies	<input type="checkbox"/>	Food allergies	<input type="checkbox"/>
Drug allergies	<input type="checkbox"/>	Seizures	<input type="checkbox"/>	Other?	<input type="checkbox"/>

Further details of anything marked above (eg: medication, specifics of allergies...)

- My child has received the series of 3 tetanus injections YES / NO

- Date of last tetanus immunisation \_\_\_\_\_
- I give permission for my child to be given Paracetamol should this be necessary  
YES / NO
- Is this the first time your child has been away from home on their own? YES / NO

SIGNED:

DATE: