

PARTICIPATION CONSENT FORM FOR WAMBANA PROGRAM

* Please use block letters when filling out this form

As a Parent/Guardian of:(Student's Name)
I:(Your name)
Have read all information contained in the Wambana booklet and give consent for my son to participate in the Year 9 Wambana Program. I understand that the beginning of the Wambana program is a one day sail voyage aboard the tall ship The One&All. By signing on for this experience you are agreeing for your son to participate in all aspects of the voyage to the best of his abilities. Whilst on board your son will learn how to sail the ship and at different times will be responsible for cooking, cleaning dishes, ship up-keep etc. as he works together as part of a team. I also understand that photographic images from the voyage may be used for promotional purposes and I give my consent for images of my son to be used.
Further, I give consent for my son to participate in beach and aquatic activities as part of the Wambana Program from To(insert dates)

Details of planned activities; transport arrangements and supervising teachers/instructors are provided in the Wambana parent Booklet.

Agreement

I agree to delegate my authority to supervising teachers/instructors. In the event of an accident or illness and contact with me being impractical or impossible, I authorise the teacher-in-charge to arrange whatever medical or surgical treatment a registered medical practitioner considers necessary. I will pay all medical and dental expenses incurred on behalf of my child.

I have recently verified the accuracy of medical information held online by the school, and will update that information online or by contacting the Health Centre if there is any change prior to the program. I also consent to my child's doctor or medical specialist being contacted in an emergency.

The information given is accurate to the best of my knowledge.

Signed: Date...../...../.....

Medicare Number.....

Parent/Guardian:		
Address:		
(Telephone) Home :	Work :	Mobile :
Family Doctor or medical clinic		
(Name)	(Address)	(Telephone)
Medical Specialist (if relevant)		
(Name)	(Address)	(Telephone)

Any healthcare information given will not prevent your child participating unless further medical advice warrants exclusion. The information requested on the student healthcare information sheet will be treated confidentially. Such information is sought in order to protect and assist the student so the activity may be a safe and enjoyable experience. Please attach extra sheets if required and contact the teacher-in-charge if you wish to discuss any student healthcare problems

Dear Parents,

At Wambana, the following medications are kept in a secure location on site.

NB: These medications are IN ADDITION to the ‘standard’ medications that you may have consented to previously and are already listed on your son’s Medical Details Form. (MDF)

- Panadeine is for use when Paracetamol gives ineffective pain relief or as directed by a Doctor, Pharmacist or the School Nurse
- Ibuprofen (eg Nurofen) for treatment of musculoskeletal and joint injuries. (NB: Students with Asthma will not be given ibuprofen unless recommended by a Doctor or Pharmacist)
- Ibuprofen Gel Anti-inflammatory topical preparation for injuries (as above)
- Sudafed PE and Sinus for head colds
- Sudafed PE also for head colds / runny nose
- Lemsip Max Cold and Flu for symptoms associated with viral head colds
- Gastrolyte/Hydrolyte – replacement of electrolytes lost during diarrhoea and/or vomiting
- Zyrtec: Moderate allergic reactions (an alternative for Telfast)
- Betadine Sore Throat Gargle
- Deep Heat – symptomatic treatment muscle ache / strain

OTHER MEDICATION:

Any other medication that your son may require, that is not listed here or consented to on his Medical Details Form, must be supplied to the Wambana staff:

- *in its original labelled container*
- *with clear instructions from Doctor or Pharmacist and*
- *within its expiry date.*

Please Note: All Medications will be given strictly in accordance with the specific instructions on the container or on advice from a Health Professional.

Please make the time to consult and receive advice from your G.P.
or Pharmacist if you have any reservations or questions.

The School Medical Details Form:

Please check all details closely and make any changes directly onto the sheet then sign and date at the bottom.

If there are no changes *please* sign and date to confirm this.

Thank you for your assistance.

Caroline Lenman RN / Anna Thomson RN

School Nurses

PAC Health Centre

Wambana Program : Medication Consent

I / We: _____

The parent(s) / guardian(s) of : _____

CONSENT to the administration of ALL medications listed below YES

OR

CONSENT only to the following medications:

(Please List)

OR

DO NOT CONSENT to the administration of ANY of the medications listed tick

Signed : _____ Dated: _____

Print Name: _____ Relationship to Student _____

Medications:

Panadeine

Ibuprofen (eg Nurofen)

Ibuprofen Gel

Sudafed PE and Sinus: Phenylephrine Hydrochloride & Paracetamol
(Pseudoephedrine free)

Sudafed PE: Phenylephrine Hydrochloride (Pseudoephedrine free)

Lemsip Max: Hot Lemon and Paracetamol

Gastrolyte/Hydrolyte

Zyrtec

Betadine Throat Gargle

Deep Heat

