



Position	Name	Health Issues
Camp Leader		(yes) (no)
Other Teacher/s		(yes) (no)
		(yes) (no)
Accompanying Adults		(yes) (no)
		(yes) (no)
		(yes) (no)
		(yes) (no)

Can adults please advise BIEEC staff confidentially about any issue that may impact on their capacity to participate fully in this visit?

**First Aid Qualifications** - Please provide details of attending staff/parents with relevant first aid and specialised health procedure training - current qualifications may include anaphylaxis, asthma, diabetes, epilepsy etc.

Name	Position	Qualifications

- **Individual Health Plans (IHP), Action Plans (AP), or Emergency Health Plans (EHP) must be presented upon arrival.** e.g. anaphylaxis, asthma, diabetes, heart problems, epilepsy, diabetes etc.
- **Individual Behaviour Plans (IBP), and other information regarding special needs/conditions** e.g. learning difficulties, physical conditions, dietary requirements etc. **must be advised to BIEEC staff upon arrival.**

**Approved by:**

Name: .....

Signature: .....

Position: .....

Date: .....

**Privacy Notice**

The Department of Education and Training (DET) is collecting personal information about students in accordance with the Information Privacy Act 2009 and section 426 of the Education (General provisions) Act 2006, to enable camp organisers to provide appropriate health care for your child if required. This information will only be accessed by authorised departmental employees. Some of this information may be given to external health providers for the purpose of providing medical treatment if required. The information will not be disclosed to any other person or body unless you have given DET consent or DET is required or authorised by law.