



**Runaway Bay Sport & Leadership
Excellence Centre**



**Queensland
Government**
Education Queensland

Diabetes Questionnaire

Child's Name:
School:
DOB:



You have indicated on your medical form that your child has Diabetes. Please assist us in providing the following information regarding their condition. It is important that you discuss your child's special needs with the class teacher or camp coordinator, in addition to completing this form.

What symptoms does your child have when he/she experiences hypoglycaemia? (low BGL)

What symptoms does he/she have when their glucose level is high? (low BGL)

Please list how their hypoglycaemia (low BGL) is managed?

Please list your child's medications including dosages?

Will you or your child need to measure their blood glucose (BGL) during camp? Yes No

IF YES, provide details: What are the preferred times for them to test their BGL at camp. List additional times you would like them to check their glucose levels? (e.g. before any activity if they feel unwell)

Will your child be bringing their own supplies to have if they experience hypoglycaemia? Yes No

Does your child have a current written diabetes management plan? Yes No

IF YES, please provide a summary of the plan for our records.

IF NOT, please ask your doctor for a written plan to assist us in the event of a hypo or hyperglycaemic episode.

An ambulance will be called should your child have a significant episode and at this time you will be contacted.



**Runaway Bay Sport & Leadership
Excellence Centre
Epilepsy Questionnaire**



Child's Name:
School:
DOB:

You have indicated on your medical form that your child has a history of Epilepsy. Please assist us in providing the following information regarding their condition. It is important that you discuss your child's special needs with the class teacher and camp co-ordinator, in addition to completing this form. Please write on the reverse of this form if necessary.

Is your child taking daily medication?
IF YES, what is taken & dosage?

Yes No

Please describe what actually happens during your child's epileptic seizure (fit).

How long does a seizure usually last? _____
How often does your child have a seizure? _____

Does your child have a current written epilepsy management plan? Yes No
IF YES, please provide a copy of the plan for our records.

IF NO, please ask your doctor or provide a written plan to assist us in the event of a seizure.

An ambulance will be called should your child have a significant seizure (eg. an atypical fit or one that lasts for more than 5 minutes) and at this time you will be contacted.



**Runaway Bay Sport & Leadership
Excellence Centre**
Special Learning Needs Questionnaire



Child's Name:
School:
DOB:

You have indicated on your consent form that your child has special learning needs such as ADHD, ADD, ODD, Aspergers Syndrome, Intellectual Impairment, Anxiety disorder, Autism, etc

Please assist us in providing the following information regarding their condition. It is important that you discuss your child's special needs with the class teacher and camp co-ordinator, in addition to completing this form

What has your child been diagnosed with? _____
Will the school be providing additional adult care for your child during camp? Yes No

IF YES, provide details:

It should be noted that the Sports Centre is an educational facility that requires students to learn and concentrate. Students requiring medication to assist with their behaviour and concentration levels at school should continue normal medication routines while on camp.

Is your child taking daily medication? Yes No
IF YES, what is taken & dosage?

Are there any triggers or diet requirements that may effect your child's behaviour on camp? Yes No
IF YES, provide details:

How does this condition affect your child?

How would you like us to manage this while on camp?



**Runaway Bay Sport & Leadership
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Severe Allergy / Epipen Questionnaire



Child's Name:
School:
DOB:

You have indicated on your enrolment form that your child has a history of allergic reaction. Please assist us in providing the following information regarding their condition. It is important that you discuss your child's special needs with the class teacher or camp co-ordinator, in addition to completing this form. Please write on the reverse of this form if necessary.

Has your child been prescribed an Epipen?
Has your child had to use an Epipen in the past?

Yes No
 Yes No

IF YES give details:

What happens during an allergic attack?

Does your child have a current written allergy management plan?

Yes No

IF YES, please provide a copy of the plan for our records.

IF NO, please ask your doctor or provide a written plan to assist us in the event of an allergic reaction.

Is your child taking medication?

Yes No

IF YES, what is taken & dosage?

Has your child been hospitalised as a result of their allergy?

Yes No

IF YES, when and where was the last hospitalisation?

Medical treatment will be sought should the epipen be used and at this time you will be notified.



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Physical Disabilities Questionnaire

Child's Name:
School:
DOB:

It should be noted that Sports Centre is an Outdoor Educational Facility that caters for students with disabilities. All students engage in activities to varying levels. Program modification and support from your school allows students with special needs to have a rewarding camp experience.

It is important that you discuss your child's needs with your school and camp co-ordinator, in addition to completing this form.

Describe your child's condition? _____

Will the school be providing additional adult care for your child during camp? Yes No

IF YES, provide details (name /duration /accommodation needs ie. cabin beside student / does carer administer medication / etc)

Is your child taking daily medication? Yes No
Give details & dosage-

Will your child require-
 Yes No access to disabled toilets and showers?
 Yes No ground level accommodation?

What additional information can you provide us with that will enhance your child's camp experience?