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INFORMATION FOR PARENTS

SCHOOL ADDRESS: 22 Ellen Street CURL CURL NSW 2096
TELEPHONE: (02) 9938 3587/9938 3822 **FAX:** (02) 9905 6491
EMAIL ADDRESS: stewarhou-s.school@det.nsw.edu.au
WEBSITE ADDRESS: www.stewarthouse.org.au

PLEASE KEEP THIS INFORMATION IN A SAFE PLACE, COMPLETE THE FORMS ON PAGES 3 – 8 AND RETURN TO YOUR SCHOOL PRINCIPAL

WHAT IS STEWART HOUSE?

Stewart House is situated on the beach at Curl Curl and has been providing respite care since 1931.

Stewart House caters for children from Kindergarten to Year 10 who are enrolled in public schools in NSW and the ACT.

Stewart House provides dormitory style accommodation for students across a 12-day stay and gives children opportunities for a healthy lifestyle, for building self-esteem, coping skills and a sense of wellbeing.

Attendance at Stewart House is organised **ONLY** through a nomination from a public school principal.



CONTACT

General enquiries may be made at the school office between 9.00 a.m. and 3.00 p.m. on the above numbers. Children are encouraged to write letters, postcards and email home or school. All email messages from parents/ carers will be passed on.

Telephone contact by parent/carer is for emergencies only.

In general, children are not permitted to telephone home.

Parent/carers and your own principal will be notified/consulted if anything significant occurs with your child.

Access for non-custodial family members may be arranged by ringing the School Principal.

PROGRAM

Teachers and Residential Supervisors look after the children across their 12 day visit. The program includes excursions, art, craft, dance and fitness, personal hygiene and activities to build self-esteem and social skills. Excursion visits include the Powerhouse Museum, Sydney Olympic Park, Taronga Park Zoo, Maritime Museum, Australian Museum, sporting events, television stations and the Sydney Aquarium.

WHAT YOUR CHILD SHOULD BRING TO STEWART HOUSE

Three changes of clothing, including underwear; toiletries, pyjamas, swimming costume; comfortable shoes (no thongs), a set of warm clothing and a hat

Large bag to take extra gifts home

A stamp to post a letter to home.

No more than \$5.00 to purchase a disposable camera, however a DVD is given to each child as a memento of their visit and all meals and snacks and excursion entry fees are provided.

BED LINEN AND TOWELS ARE PROVIDED.

LAUNDRY IS DONE ON A DAILY BASIS- PLEASE MARK YOUR CHILD'S NAME ON THEIR CLOTHING



ALL DRUGS AND MEDICATIONS MUST BE HANDED IN ON ARRIVAL AT STEWART HOUSE

MEDICATION WILL NOT BE GIVEN TO YOUR CHILD WHILE AT STEWART HOUSE UNLESS IT IS PRESCRIBED BY A DOCTOR AND SENT IN THE BOX OR BOTTLE YOU GET FROM THE CHEMIST. THE CHILD'S NAME AND CHEMIST'S INSTRUCTIONS MUST BE ON THE MEDICATION

HEALTH

Your child's hair, teeth, eyes and ears will be checked by qualified staff and where appropriate, treatment given. Staff at Stewart House are sensitive and responsive to children with bed-wetting and soiling. No child will knowingly be placed in an embarrassing situation.

EXCLUSIONS

Children who have had contact with a contagious disease within four weeks prior to their proposed visit SHOULD NOT attend.

MEALS

Stewart House serves nutritious meals, including fruit and vegetables.

PLEASE MARK CLEARLY ON THE APPLICATION FORMS IF YOUR CHILD HAS ANY FOOD ALLERGIES OR SPECIAL DIETARY REQUIREMENTS.

ABORIGINAL AND TORRES STRAIT ISLANDERS.

Parents or carers of Aboriginal/Torres Strait Islander children are encouraged to contact our Aboriginal Education Officer. Indigenous and Environmental studies are a focus of the program with Stewart House currently funded for a Quality Teacher Indigenous Project to promote literacy.

NOT PERMITTED AT STEWART HOUSE

- mobile telephones and MP3 players
- midriff or singlet tops due to risk of sunburn
- pocket money
- lollies or other foods
- electrical appliances including hairdryers and straighteners.
- tobacco and other non-prescription drugs
- alcohol

We hope that the visit to Stewart House enables your child to:

- be more confident in social situations with their friends and with adults
- be more positive and aware of feeling good about themselves and their culture
- experience the more popular tourist sites around Sydney, and
- have lots of fun



HEALTH INFORMATION

Must be completed by parent or caregiver

Child's family name				
First name			Middle name	
Date of Birth ____ / ____ / ____	Age __ years	Country of Birth _____	Grade/Class _____	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male
School				
Home address		Suburb	Post Code	

YOU MUST SUPPLY YOUR MEDICARE NUMBER

Medicare Number

Child's order on the card (2,3,etc) _____ Expiry date ____ / ____

PLEASE SUPPLY THE FOLLOWING IF APPLICABLE

Health Care Card Number _____

Pensioner Health Benefit Number _____ Expiry ____ / ____

YOU MUST SUPPLY EMERGENCY CONTACT DETAILS

Emergency contact name _____

Telephone numbers _____ (home) _____ (mobile)

YOU MUST ANSWER THE FOLLOWING IN CASE OF EMERGENCY

Doctor's / Medical Centre's name _____

Address _____

Telephone number _____

Do you give permission for Stewart House to share in confidence relevant medical information when needed?
eg. questions about your child's medication with your Chemist or Doctor NO YES

Parent/Caregiver name _____ Relationship to child _____

Telephone numbers _____ (home) _____ (mobile) _____ (work)

Signature Date

HEALTH INFORMATION

Must be completed by parent or caregiver

Child's family name		
First name	Middle name	Date of Birth ____ / ____ / ____

RECENT MEDICAL CONDITIONS
Please tick the box if your child has had/or been diagnosed with any of the following problems/conditions IN THE LAST 6 MONTHS?

<input type="checkbox"/> ADHD/ADD	<input type="checkbox"/> Heart Condition (e.g. murmur, rheumatic fever)	<input type="checkbox"/> Bed Wetting
<input type="checkbox"/> Asthma (if YES, please complete attached plan)	<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Sleepwalking
<input type="checkbox"/> Diabetes	<input type="checkbox"/> HIV Aids	<input type="checkbox"/> Epilepsy
<input type="checkbox"/> Hepatitis A/B/C		

Other – specify _____

Has your child suffered any recent illnesses, accidents or injuries? NO YES details _____

PLEASE COMPLETE THESE QUESTIONS BY TICKING THE BOX

Does your child have vision problems? NO YES
 Does your child wear glasses? NO YES how long? ____ years

Does your child have hearing problems? NO YES
 Does your child wear hearing aids? NO YES how long? ____ years

Does your child suffer from any allergies? NO YES
 Describe allergy _____
 Recommended treatment _____

Is your child on a special diet? NO YES details _____

IMMUNIZATION INFORMATION – TICK THE BOX
Has your child been fully immunised against:

Diphtheria / Tetanus / Whooping Cough (Date of last tetanus injection _____)	<input type="checkbox"/> NO <input type="checkbox"/> YES
Hepatitis B <input type="checkbox"/> NO <input type="checkbox"/> YES	Haemophilus Influenza (HIB) <input type="checkbox"/> NO <input type="checkbox"/> YES
Poliomyelitis <input type="checkbox"/> NO <input type="checkbox"/> YES	Rubella <input type="checkbox"/> NO <input type="checkbox"/> YES
Measles/Mumps <input type="checkbox"/> NO <input type="checkbox"/> YES	Meningococcal <input type="checkbox"/> NO <input type="checkbox"/> YES

DO YOU GIVE PERMISSION FOR THE FOLLOWING.

Dental screening NO YES
 Charting of decay in your child's teeth and preventative fluoride treatment by the Dee Why dental clinic

Hearing Test NO YES
 A simple test using headphones and listening to different sounds and examining the eardrum.

Eye Test NO YES
 Your child's vision will be checked by members of the University of NSW School of Optometry. Children who usually wear glasses must bring their glasses to Stewart House.

Emergency Care
 Staff of Stewart House will provide emergency referral if required (medical, ambulance, hospital, dental).
 I authorise the Principal or his/her nominee to act as my agent in approving treatment as recommended.
I have read and understand the information contained in this notification.

Parent / Caregiver Signature: _____ Date: _____

HEALTH INFORMATION

Must be completed by parent or caregiver

Child's family name		
First name	Middle name	Date of Birth ___ / ___ / ___

CHEMIST'S PRESCRIPTIONS

MEDICATION WILL NOT BE GIVEN UNLESS PRESCRIBED BY A DOCTOR AND SENT TO STEWART HOUSE IN THE BOX OR BOTTLE YOU GET FROM THE CHEMIST. THE CHILD'S NAME AND INSTRUCTIONS MUST BE TYPED BY THE CHEMIST ON THE MEDICATION.

Does your child take medication? NO YES details

Name of Medication	What is medication for	Dosage	Times per day

PERMISSION FOR US TO GIVE YOUR CHILD PARACETAMOL (500mgs)

Paracetamol 500 mgs will be only be given for relief of fever when the temperature is over 38°C and/or pain.

If the problem is not resolved within 24 hours of starting to use Paracetamol 500 mgs, the child will be taken to see a medical practitioner.

Paracetamol 500 mgs will only be administered in tablet or liquid form according to the manufacturer's instruction / labelling.

If Paracetamol 500 mgs is administered at Stewart House details will be recorded on an approved medication form for each individual child as the medication is given.

Use of Paracetamol will be in accordance with NSW Health Department Document PD2009_009 – Paracetamol Use.

I hereby authorise the staff employed to work at Stewart House to administer Paracetamol 500 mgs to my child if required while in residence at Stewart House.

I understand that the administration will be in accordance with NSW Health Department Circular 2009_009-Paracetamol Use and that a careful record will be kept of all doses administered.

Parent/Caregiver name _____	Relationship to child _____
Signature _____	Date _____

HEALTH INFORMATION

Must be completed by parent or caregiver

Child's family name		
First name	Middle name	Date of Birth ___ / ___ / ___

ASTHMA PLAN (Please tick the boxes)

Has your child ever suffered from asthma or ever used an asthma reliever?

NO YES _complete the plan

Usual signs of asthma	Worsening signs	What triggers the asthma?
<input type="checkbox"/> Wheezing	<input type="checkbox"/> Increasing Wheeze	<input type="checkbox"/> Exercise
<input type="checkbox"/> Tightness in Chest	<input type="checkbox"/> Increasing Tightness in Chest	<input type="checkbox"/> Colds/Viruses
<input type="checkbox"/> Coughing	<input type="checkbox"/> Increasing Coughing	<input type="checkbox"/> Pollens
<input type="checkbox"/> Difficulty in breathing	<input type="checkbox"/> Increasing tightness in chest	<input type="checkbox"/> Dust
<input type="checkbox"/> Difficulty in speaking	<input type="checkbox"/> Increasing difficulty speaking	<input type="checkbox"/> Food
<input type="checkbox"/> Other (please describe)	<input type="checkbox"/> Other (please describe)	<input type="checkbox"/> Other (please specify)

Does your child need assistance taking their medication? NO YES

Any other information that will assist with the asthma management of the student whilst at Stewart House, eg. peak flow, asthma action plan, night time asthma, recent attacks (attach additional information if necessary).

Medication requirements:

(including preventers, symptom controllers or medication needed before exercise)

Name of Medication	Method (eg. Inhaler & spacer turbuhaler)	When and how much?

EMERGENCY MANAGEMENT OF AN ASTHMA ATTACK

1. Sit the student down and remain calm to reassure the student. Do not leave the student alone.
2. Without delay give 4 puffs of a blue reliever inhaler (Airomir, Asmol or Ventolin), one puff at a time, through a spacer (spacer technique – one puff / 4 breaths repeated until 4 puffs have been given).
3. Wait 4 minutes. If no improvement give another 4 separate puffs as in Step 2.
4. Wait 4 minutes. If no improvement call an ambulance (Dial 000) immediately. State "a student is having an asthma attack".
5. Continuously repeat Steps 2 and 3 whilst waiting for the ambulance to arrive.

I agree to my child receiving the treatment described above.

NO YES

I authorise Supervisors, School staff and Nursing staff at Stewart House to assist my child with taking asthma medication should they require help.

NO YES

I will notify you in writing if there are any changes to these directions.

NO YES

Please notify me if my child regularly has asthma symptoms at Stewart House.

NO YES

Please notify me if my child has received asthma first aid.

NO YES

Parent / Caregiver Signature: _____

Date: _____

Doctor's Signature: _____

Date: _____

Child's Name: _____

DENTAL PERMISSION

Must be completed by parent or caregiver

SCHOOL DENTAL ASSESSMENT

Child's family name:			
First name		Middle name	
Date of Birth ____ / ____ / ____	Age __ years __ months	Country of Birth _____	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male
School:		Grade/Class	
Home address:		Suburb	Post Code

CONTACT DETAILS

Telephone numbers _____ (home) _____ (mobile) _____ (work)

YOU MUST SUPPLY YOUR MEDICARE NUMBER

Medicare Number

Child's order on the card (2,3,etc) _____ Expiry date ____ / ____

Is your child from Aboriginal or Torres Strait Islander origin? No Aboriginal Torres Strait Islander Both

Do you speak another language at home? No, only English Yes, we speak _____

Does your child have any known allergies to Latex? No Yes

PERMISSION Choose one option only

I give permission for a dental assessment and fluoride treatment YES

OR

I give permission for a dental assessment without fluoride treatment YES

OR

I do not want my child to receive assessment or treatment YES

Parent/Guardian Family Name _____ First Name _____

Signature _____ Date _____

FOR OFFICE USE ONLY: Assessment date _____ Yes/Absent _____



SCHOOL PERMISSION

Must be completed by parent or caregiver

Child's family name		
First name	Middle name	Date of Birth ___/___/___

Administration of Medication

I give permission for school staff to administer medication to my child during school hours 9am-3.30pm. Outside school hours, medication will be administered by supervisory staff employed by Stewart House.

NO YES

Counselling Services:

The school counsellor visits Stewart House each week and I give my permission for my child to be interviewed if necessary.

NO YES

Custody / Access:

Are there any issues relating to custody / access?

NO YES

specify: _____

Excursion/Lesson/Activities

I give permission for my child to participate in lessons, excursions and activities at Stewart House and around Sydney travelling by foot, bus, ferry and train.

NO YES

Extraordinary Excursions

Occasionally, students staying at Stewart House are offered special experiences organised by Rotary Clubs and other service organisations. The children are accompanied by Stewart House staff on all excursions

I give permission for my child to participate in these excursions.

NO YES

Swimming/Water Activities

Children **ARE NOT** permitted to swim in the surf. All swimming activities are held at heated pools or ocean (council administered) rock pools. All students complete a 25m swimming assessment and this determines where in the pool they can swim.

I give permission for my child to take part in supervised swimming.

NO YES

Photographs

Students may attend as part of the audience when television shows are being made

I give my child permission to appear:

- as a member of the television audience. NO YES
- in a photo or video for publicity purposes for Stewart House? NO YES

I have read and understood the information provided in all sections of this form.

Parent/Caregiver Signature: _____ **Date:** _____

Privacy Notice

This information provided is being obtained for the purpose of a visit to Stewart House. It will be used by Stewart House for medical and dental/optometric assessment and reporting, permission to participate in excursions and other activities, permission for children to be photographed or filmed and access to counselling, if required. Home schools will be provided with this information for the purpose of school records. It will be stored securely.