



STEWART HOUSE INFORMATION FOR PARENTS

PLEASE KEEP THIS INFORMATION IN A SAFE PLACE

ADDRESS: cnr Batho St and Wyadra Avenue
PO Box 21 FRESHWATER NSW 2096

TELEPHONE: (02) 9938 3100

EMAIL ADDRESS: students@stewarhouse.org.au **WEBSITE ADDRESS:** www.stewarhouse.org.au

You are required to complete 8 pages of Student Health Information and return to your school principal ASAP. These permissions are required for your child to participate in the program.

Enrolment in the Stewart House program and transport to and from Stewart House is at no cost to parents or caregivers. While at Stewart House, all meals, snacks and excursion entry fees are provided free of charge.

What Is Stewart House?

Every year 1,700 public school children attend our safe haven next to Curl Curl Beach at no cost to their parents or carers. During a 12 day stay they are provided with dental, optical, hearing and medical screening and treatment.

Children participate in educational programs and excursions designed to develop their social and emotional skills, build self-esteem and improve their overall well-being.

This experience provides children with a much needed break from their current circumstance. Our children are inspired to see beyond the present and to have real hope and positive aspirations for their future.

Stewart House caters for children from Year 2 to Year 8 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 developing a healthy lifestyle, for building self-esteem, coping and social skills and a sense of wellbeing.

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

Please visit our website www.stewarhouse.org.au for further information, or to take a Virtual Tour of Stewart House.

Contact With Your Child During Their Stay

Stewart House provides general SMS updates to parents throughout the program.

Email is the preferred mode of communication and parents can send a message via students@stewarhouse.org.au. The emails are forwarded at a suitable time, excluding weekends. All students are provided with an opportunity to send a reply email during their stay.

Due to the busy Stewart House program, phone calls are not encouraged.

You will be contacted if we need to seek further medical permissions or your assistance in providing appropriate care for your child. An activity book is given to all children as a memento of their visit.

The Stewart House Program

Teachers and Residential Supervisors look after the children across their 12 day visit. The program includes activities to build self-esteem and social skills, art, craft, dance and fitness, personal hygiene and excursions. Students benefit from access to an Aboriginal Education Officer and qualified Wellbeing Managers.

Excursion visits include the Powerhouse Museum, Taronga Zoo, Australian Museum, a trip on a Manly Ferry, local pools including the Sydney International Aquatic Centre and sporting events where possible. Other activities are provided depending on availability and identified need.

What Your Child Should Bring To Stewart House

- Three changes of clothing, including underwear, pyjamas, swimming costume; comfortable shoes (no thongs), some warm clothes and a hat.
- Toiletries including toothbrush, toothpaste and soap
- Large bag to take extra gifts home
- Prescription medications in their original packaging
- **BED LINEN AND TOWELS ARE PROVIDED**
- **LAUNDRY IS DONE ON A DAILY BASIS** - Please mark your child's name on all clothing

NOT Permitted At Stewart House At Anytime

- midriff or singlet tops due to risk of sunburn
- lollies or other personal food items
- hair dryers and hair straighteners due to risk of electrical fire
- tobacco, non-prescription drugs and alcohol

Items (Used In Transit) That Will Be Impounded For Safe Keeping On Arrival

- mobile/smart phones, IPODS, MP3 players, digital cameras (**it is not appropriate for students to carry or use mobile phones at any time within the 12-day program**)
- money (all activities are provided free of charge)
- non-prescription drugs (that do not have doctor's or pharmacist's instructions specific for your child)

Health

Your child's hair, teeth, eyes, ears and general health will be checked by qualified staff and where appropriate, treatment given. Stewart House staff are sensitive and responsive to children with healthcare needs. No child will knowingly be placed in an embarrassing situation, so please advise us of your child's needs.

If your child has glasses (regardless of whether they are worn regularly or not), please pack. They will be checked by the optometrist.

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 TO US IN THE ORIGINAL BOX OR BOTTLE YOU GET FROM THE CHEMIST.

THE CHILD'S NAME AND CHEMIST'S INSTRUCTIONS FOR USE MUST BE ON THE FRONT OF THE MEDICATION.

MEDICATIONS CANNOT BE RE-PACKED INTO DAILY DOSES (EVEN BY THE CHEMIST).

Exclusions

Children who have had contact with a contagious disease within four weeks prior to their proposed visit SHOULD NOT attend. If your child falls ill immediately before the visit, please consult with Stewart House as to whether he or she should come and then have your school principal contact the trip co-ordinator.

Meals

Stewart House serves nutritious meals, including fruit and vegetables (breakfast, early lunch, snack, dinner and supper).

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

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
- experience the sights and sounds of a major capital city and have lots of fun

STEWART HOUSE STUDENT HEALTH INFORMATION – page 1 of 8
All sections MUST be completed by parent or caregiver – in BLACK PEN

Child's family name _____

First name	Middle name	School
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Date of Birth ____ / ____ / ____	Age __ years	Country of Birth _____	Grade/Class _____	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male
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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 ____ / ____

EMERGENCY CONTACT DETAILS FOR SOMEONE OTHER THAN YOURSELF

Emergency contact name _____

Telephone numbers _____ (home) _____ (mobile)

Your 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? YES NO
eg. questions about your child's medication with your Chemist or Doctor

Parent/Caregiver name _____ **Relationship to child** _____

Telephone numbers _____ (H) _____ (Mob) _____ (W)

Email Address: _____

Home address _____
_____ (Postcode) _____

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

STEWART HOUSE STUDENT HEALTH INFORMATION – page 2 of 8
All sections MUST be completed by parent or caregiver – in BLACK PEN

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"/> Sleepwalking	<input type="checkbox"/> Skin condition requiring a doctor's prescription	<input type="checkbox"/> Epilepsy
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Tuberculosis	
<input type="checkbox"/> Hepatitis A/B/C	<input type="checkbox"/> Infectious disease _____	

Other – specify _____

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

PLEASE COMPLETE THESE QUESTIONS BY TICKING THE BOX

Does your child wear reading glasses? YES how long? ____ years NO

Does your child wear glasses all the time? YES how long? ____ years NO

Does your child have any other eye problems? _____

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

Does your child have any other hearing problems? _____

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

IMMUNISATION INFORMATION – TICK THE BOX

Has your child received all the normal childhood vaccinations: YES NO

Date of last tetanus injection: _____

DO YOU GIVE PERMISSION FOR YOUR CHILD TO RECEIVE THE FOLLOWING

Basic Health Screening:

Calculation of BMI YES NO

Hearing Test YES NO

Eye Test YES NO

Children who usually wear glasses must bring their glasses to Stewart House.
Our optometrist will check the prescription and their condition

Emergency Care
Staff of Stewart House will provide emergency referral if required (medical, ambulance, hospital, mental health, dental). I authorise the Principal / Student Wellbeing Manager / Site Manager / Health Liaison Officer or his/her nominee to act as my agent in approving treatment as recommended.

I have read and understood the information contained in this form.

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

STEWART HOUSE STUDENT HEALTH INFORMATION – page 3 of 8
All sections MUST be completed by parent or caregiver – In BLACK PEN

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

ASTHMA (Please tick the boxes)

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

YES then complete the following NO

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?

YES NO

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 a health care plan).**

Medication requirements:

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

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

I agree to my child receiving treatment.

YES NO

I authorise supervisors, school staff and health staff at Stewart House to assist my child with taking asthma medication should they require help.

YES NO

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

YES NO

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

YES NO

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

YES NO

ALLERGY (Please tick the boxes)

Does your child suffer from allergies ?

YES (describe, including treatment) NO

Has your child ever had a severe allergic reaction?

YES (describe, including treatment) NO

Does your child carry an EPIPEN?

YES (Include healthcare plan) NO

Parent/Caregiver name _____ Relationship to child _____

Signature _____ Date _____

STEWART HOUSE STUDENT HEALTH INFORMATION – page 4 of 8
All sections MUST be completed by parent or caregiver – In BLACK PEN

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

MEDICATION (CHEMIST'S/PHARMACIST'S PRESCRIPTIONS)

MEDICATION WILL NOT BE GIVEN UNLESS PRESCRIBED BY A DOCTOR AND SENT TO STEWART HOUSE IN THE ORIGINAL BOX OR BOTTLE YOU GET FROM THE CHEMIST. THE CHILD'S NAME AND INSTRUCTIONS FOR USE MUST BE TYPED BY THE CHEMIST ON THE BOX OR BOTTLE. MEDICATIONS CANNOT BE RE-PACKED (EVEN BY THE CHEMIST)

Does your child take prescribed medication? YES the complete the following NO

Name of Medication	What is medication for	Dosage	Times per day

PERMISSION FOR STEWART HOUSE 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.

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 a careful record will be kept of all doses administered.

Parent/Caregiver name _____ Relationship to child _____

Signature _____ Date _____

**STEWART HOUSE STUDENT HEALTH INFORMATION – page 5 of 8
DENTAL PERMISSION**

All sections MUST be completed by parent or caregiver – in BLACK PEN

(This information is required by the Northern Sydney Local Health District Oral Health Service for their state wide computer records. If your child requires urgent dental treatment, we will contact you on the telephone number you provide below)

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

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

YOU MUST SUPPLY YOUR MEDICARE NUMBER
Medicare Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Child's order on the card (2,3,etc) _____ Expiry date ____ / ____

Country of Birth _____	Aboriginal <input type="checkbox"/>	Torres Strait Islander <input type="checkbox"/>
Do you require an interpreter Yes <input type="checkbox"/> No <input type="checkbox"/>	Language: _____	

PERMISSION	<u>TICK ONE BOX ONLY</u>
OR I want my child to have a dental assessment and fluoride treatment	<input type="checkbox"/>
OR I want my child to have a dental assessment but no fluoride treatment	<input type="checkbox"/>
OR I DO NOT want my child to have any dental assessment or treatment	<input type="checkbox"/>

Parent/Guardian Family Name _____	First Name _____
Signature _____	Date _____
Address _____	Postcode _____
<i>Your child's information will be sent back to the public dental health service in your Local Health District and they will contact you for any free-of-charge follow up care.</i>	

STEWART HOUSE STUDENT HEALTH INFORMATION – page 6 of 8
DENTAL PERMISSION

All sections MUST be completed by parent or caregiver – in BLACK PEN



Australian Government

Department of Health

**CHILD DENTAL BENEFITS SCHEDULE
BULK BILLING PATIENT CONSENT FORM**

Child Name _____

I consent to the dental services being bulk billed under the Child Dental Benefits Scheme. The maximum amount being claimed will be \$52.65. I understand this will reduce the available benefit.

Patient / legal guardian signature

Date

Extra information:

I, the patient / legal guardian, certify that I have been informed:

- of the treatment that has been or will be provided from this date under the Child Dental Benefits Schedule;
- of the likely cost of this treatment; and
- that I will be bulk billed for services under the Child Dental Benefits Schedule and I will not pay out-of-pocket costs for these services, subject to sufficient funds being available under the benefit cap.

I understand that I / the patient will only have access to dental benefits of up to the benefit cap. I understand that benefits for some services may have restrictions and that Child Dental Benefits Schedule covers a limited range of services. I understand I will need to personally meet the costs of any services not covered by the Child Dental Benefits Schedule. I understand that the cost of services will reduce the available benefit cap and that I will need to personally meet the costs of any additional services once benefits are exhausted.

This form is valid up to 31 December of the calendar year for which it is signed

STEWART HOUSE STUDENT PERMISSIONS – page 7 of 8

All sections MUST be completed by parent or caregiver – In BLACK PEN

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

<p><u>Counselling Services:</u> Children are encouraged to talk through issues with all staff across the site, including teachers, supervisors and managers. The school counsellor visits Stewart House each week. I give my permission for my child to be interviewed if necessary. The Stewart House Student Welfare Managers are available throughout the program. I give permission for my child to be interviewed if necessary.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p><u>Custody / Access:</u> Are there any issues relating to custody / access? If YES then specify: _____ _____</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p><u>Excursion/Lesson/Activities</u> 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. I give permission for my child to be transported by Stewart House staff to health related appointments if necessary.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p><u>School Activities</u> Students attend the Stewart House School (A Department of Education government school) while participating in the program. Staff in the school may record information relating to the behaviour of children during school activities. This information is exchanged with Stewart House personnel to assist in the provision of support to children. Failure to exchange the information may have impact on the level of support provided. I give my permission for school staff to exchange information with Stewart House staff about my child.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p><u>Extraordinary Excursions</u> 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 and I give permission for my child to participate in these excursions.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p><u>Swimming/Water Activities</u> All swimming activities are held at heated pools or ocean rock pools. All students are required to complete a 25m swimming assessment. The results of this assessment inform as to where your child will be allowed to swim. I give permission for my child to take part in supervised swimming.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p><u>Photographs</u> I give permission for Stewart House to create/use photographs or video of my child that may be used in the following:</p> <ul style="list-style-type: none"> • a dvd or electronic file given to all students at the end of their stay • an activity book retained by each student highlighting their stay • printed promotional material • the Stewart House website and social media accounts such as Facebook 	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>

STEWART HOUSE STUDENT PERMISSIONS – page 8 of 8

Please read and understand the following and then sign the acceptance to allow your child to attend

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

Privacy Notice/ Consent for Exchange of Information

I give permission for the exchange of information about my child between Stewart House and others involved in the Stewart House Program. I give this permission on the understanding that the exchange of information:

- Is to ensure the best possible care is provided to my child while participating in the program;
- May occur with my child's doctor(s), allied health practitioner(s), home school, the Stewart House School, the Department of Health – Northern Sydney Local Health District, the University of New South Wales, Macquarie University, Family and Community Services and any other relevant agencies;
- Is only used to ensure the health, wellbeing and safety of my child and to assist with the organisation of the Stewart House Program for all students;
- Will only be accessed by personnel who need to know the details of the information;
- Will occur in a secure environment and that information will be stored securely.

Acknowledgements

I acknowledge that:

- I have not paid any form of fee in order for my child to attend Stewart House;
- Teachers employed by the NSW Department of Education provide lessons and excursions for students at Stewart House during normal school hours , on school days only;
- At all other times, children are supervised by qualified staff who are employed or engaged by Stewart House;
- Stewart House is responsible for children attending during non-school hours and on weekends and has responsibility for the administration , care, control and operation of the site;
- I understand that a risk of harm can arise as a result of a variety of causes, actions or situations whilst my child is attending Stewart House and participation in the Program.

Waiver of liability and Indemnity

I hereby release and agree to hold harmless:

- NSW Department of Education, from any and all claims, actions or damages without limitation for injuries sustained outside of school hours.
- Stewart House, from any and all claims, actions or damages without limitation for injuries sustained during school hours.

I agree to wholly indemnify:

- NSW Department of Education in the event of any injury loss or damage that my child may sustain whilst residing at the property, using its facilities and participating in any activities outside of school hours.
- Stewart House in the event of any injury loss or damage that my child may sustain whilst residing at the property, using its facilities and participating in any activities inside of normal school hours.

Acceptance

I have read and understood the information provided in all sections on these forms.

I have read, understood and accept the terms and conditions contained herein.

I understand and accept that my child will participate in the Stewart House Program on the conditions set out above.

Parent/Caregiver Signature: _____

Date: _____