CONFIDENTIAL MEDICAL REPORT FOR SCHOOL CAMPS

This report is compiled to assist in the case of any medical emergency and to ensure appropriate care and safety is taken with your child whilst in the care of the school and on camp. All information is held in confidence and these forms are destroyed after the camp.
Is your child currently taking any tablets / medication? YES / NO
If YES, please state name of medication/ dosage / reason :

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____
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ALL MEDICINES MUST BE HANDED TO THE TEACHER –IN-CHARGE PRIOR TO LEAVING FOR CAMP, WITH YOUR CHILDS NAME, THE DOSE TO BE TAKEN AND WHEN IT SHOULD BE TAKEN. (These will be kept by the Designated First Aid Coordinator and distributed as required).

PLEASE DO NOT ALLOW CHILDREN TO BE IN POSSESSION OF ANY MEDICINE WHILST ON THE SCHOOL CAMP

CHILDS
NAME:______________________________GRADE:__________________

D.O.B.______________________________

PARENT'S / GUARDIAN'S FULL
NAME:____

ADDRESS:____

__________________________________POSTCODE:_________________

HOME PHONE:_______________WORK:____________MOBILE:_________

NAME & ADDRESS OF FAMILY DOCTOR
____

___________________________________PHONE:____________________

MEDICARE NO:_______________

MEDICAL / HOSPITAL INSURANCE
FUND____

AMBULANCE COVER YES/ NO   NUMBER:______________________________

DOES YOUR CHILD SUFFER FROM ANY OF THE FOLLOWING?

☐ Bed wetting of any type   ☐ Diabetes   ☐ Blackouts   ☐ Fits
☐ Dizzy Spells   ☐ Migraine   ☐ Heart Condition
☐ SleepWalking
☐ Travel Sickness   ☐ Asthma   ☐ Other (please specify)

Details____
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Please tick if your child is allergic to any of the following:

☐ Penicillin   ☐ Any other medications   ☐ Peanuts
☐Any other food   ☐ Other

Details____

Does your child have any special needs or have any recommended special care?
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____

Please give details of any special dietary needs / allergies:
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Date of last Tetanus immunisation?_______________________________________

Is this the first time your child has been away on camp? YES / NO

CONSENT TO MEDICAL ATTENTION

Please sign the statement below which is required by the Department of Education for all children attending school camp.
*I authorise the teacher in charge of the camp to consent on my behalf, where it is impracticable to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary and to administer such first aid as the teacher in charge may judge to be reasonably necessary.

Signature of Parent / Guardian:_____________________________Date:________