

Confidential Medical Information for School Camps

Introduction

The following information is collected to assist us in case of any eventuality with the students whilst on camp. All information is held in confidence, and these forms are destroyed after the camp.

Please return this form to your child's teacher ASAP.

Student's Details

Name : Grade :

Emergency Contacts

Emergency Contact Numbers for the Week Beginning 7 March 2011

Parent / Guardian	Home	Work

Secondary Contacts	Phone	Relationship

Medications

Is your child presently taking tablets and/or medicine? Yes / No

If Yes, please provide details :

Medication	Dose	Time

All medicines **MUST** be handed to **Miss Gibbs** prior to leaving for camp, with your child's name, the dose to be taken and when it should be taken. (these will be distributed as required). *Please note: we need written permission to give a child a Panadol and you must supply the Panadol.*

Please do not allow children to be in possession of any medicine whilst on the school camp.

Tetanus Immunisation

Last tetanus immunisation was :

If over 10 years since last immunisation, booster is to be arranged by parents before the camp. Booster date :

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Allergies

Please tick if your child is allergic to any of the following and provide details :

<input type="checkbox"/>	Penicillin	
<input type="checkbox"/>	Foods	
<input type="checkbox"/>	Other	

What Special care is recommended ?

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**Other
Conditions**

Please tick if your child suffers from any of the following :

<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Heart Condition	<input type="checkbox"/>	Bed Wetting
<input type="checkbox"/>	Travel Sickness	<input type="checkbox"/>	Migraine	<input type="checkbox"/>	Dizzy Spells
<input type="checkbox"/>	Fits of any Type	<input type="checkbox"/>	Sleep Walking	<input type="checkbox"/>	Blackouts
<input type="checkbox"/>	Other :				

**Medicare
and Health
Insurance**

Please provide your Medicare details and your Medical / Hospital Insurance details (if applicable) :

Medicare Card Number	Child's Number on Card

Name of Insurance Fund	Level of Cover

Ambulance

Do you have Ambulance Cover? Yes / No

If covered, your Ambulance Membership No. :

**First Time
Away ?**

Is this the first time that your child has been away from home ? Yes / No

Declaration

I authorise the teacher in charge of the camp to consent, where it is impracticable to communicate with me, to the child receiving such medical or surgical treatment as may be deemed necessary. I agree to cover the costs of an Ambulance callout if it is required.

I give permission for my child to attend the Grade 5/6 Cavehill Creek Camp from the 7th to 11th March 2011.

Signed **Dated**