

Confidential Medical Report for School Council Approved School Camp to Coolamatong Camp 2018

Please complete all relevant details and return the form to school by Tuesday 7th August 2018.

This information is intended to assist the school in case of any medical emergency with your child. All information is held in confidence.

CHILD'S NAME Date of Birth School Year.....

PARENT'S/GUARDIAN'S Full Name.....

Address.....

Emergency Telephone

(After Hours) (Business Hours)

FAMILY DOCTOR - Name

Address

MEDICARE NO: Private/Hospital Insurance Fund: Contribution No:

AMBULANCE SUBSCRIBER YES / NO M/Ship No:.....

Please tick if your child suffers any of the following:

Bed Wetting	<input type="checkbox"/>	Fits of any type	<input type="checkbox"/>	Heart Condition	<input type="checkbox"/>
Dizzy Spells	<input type="checkbox"/>	Sleepwalking	<input type="checkbox"/>	Asthma	<input type="checkbox"/>
Blackouts	<input type="checkbox"/>	Migraine	<input type="checkbox"/>	Travel Sickness	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Other		

Allergies to:

Penicillin YES / NO Other drugs

Any foods Other

What special care is recommended?.....

Tetanus Immunisation Year of last tetanus immunisation (Tetanus immunisation is normally given at five years of age (as Triple Antigen or CDT) and at fifteen years of age (as ADT)).

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

IF YES, please state name of medication, dosage etc.

- All medicines must be handed to the teacher in charge prior to leaving for camp. All containers must be labelled with your child's name, the dose to be taken and when it should be taken. (These will be kept in the first aid centre and distributed as required).
- If it is necessary or appropriate for your child to carry their own medication (for example, asthma puffers and insulin for diabetes) it must be with the knowledge and approval of both the teacher in charge and yourself.

Previous experience Is this the first time your child has been away from home? YES / NO

CONSENT TO MEDICAL ATTENTION

The Department of Education requires this consent to be signed for all students attending school excursions.

Where the teacher in charge of the excursion/camp is unable to contact me, or it is otherwise impracticable to contact me, I authorise the teacher in charge to:

- consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner
- administer such first-aid as the teacher in charge may judge to be reasonably necessary.

Signature of Parent/Guardian Date.....

NOTE: Parents/guardians should provide written approval prior to their child taking part in any excursion.

Please complete and return to school by 7th August 2018.