



CONFIDENTIAL MEDICAL REPORT
GRADE 5 CAMP 2019 – SOVEREIGN HILL

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

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

2. Medicines should not be in student's possession but be handed to class teacher\Mrs Collins prior to leaving for camp. Please label and provide instructions - dose to be taken and when it should be taken.

3. I give permission for my son or daughter to be administered Panadol if deemed necessary by the first aid teacher in charge and an attempt to communicate with the parent will be made at this time.

Yes/No Signature.....

Please complete and return to your child's teacher ASAP, no later than Wednesday, 14th August, 2019

CHILD'S NAME: GRADE:

CHILD'S DATE OF BIRTH

PARENT'S FULL NAME:.....

ADDRESS: POSTCODE:

PHONE NO. AFTER HOURS: BUS HOURS:.....

MED/HOSP INSURANCE FUND & NO.:.....

MEDICARE NO.: AMBULANCE FUND & NO.:

DOCTOR'S NAME & ADDRESS:

PHONE NUMBER: AFTER HOURS NUMBER:

Please tick if your child suffers any of the following:

- Bed wetting Fits of any type Heart condition
Dizzy Spells *Asthma Sleepwalking
Migraine Blackouts Travel Sickness

ALLERGIES TO:

Penicillin *Any foods Drugs Other Nil known

Asthmatics: please ask your child to collect an Asthma Management Form – immediately & return with this form.

Food Allergies / Special Diet:

Other / special care recommended:

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Last tetanus immunisation was:

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

Please sign this statement required by the Department of Education and Training for all children attending school camps or excursions.

My daughter/son of Grade has my permission to attend the school camp at **Sovereign Hill from Wednesday, 11th to Friday, 13th September, 2019.**

I agree to meet the expense of my child being returned to school either by a teacher accompanying him/her and then returning to camp or by collecting my child from the camp personally. I understand that such an arrangement may be necessary due to illness, injury, or if in the opinion of the teacher-in-charge there is non-cooperation of any description by my child.

I authorise the teacher in charge to consent where it is impracticable to communicate with me, to the child's receiving such medical or surgical treatment as may be deemed necessary. I accept all operation, blood transfusions, and/or anaesthetic risks involved, and the responsibility for payment of any expenses thus incurred.

Date: Signed:

MY CHILD WILL BE COLLECTED BY: Name: Ph:

STUDENT'S CAMP CONTRACT

I, agree that I will obey all rules of the camp and Teacher's / Leader's instructions. I will treat others with respect and act with responsibility in regard to my own and others safety. I understand that by breaking this agreement I may be withdrawn from activities or suspended from Camp. It will be the responsibility of your parents/caregivers to pick you up from camp and take you home.

Date: Signed (student):

Signed (parent):