



CONFIDENTIAL MEDICAL REPORT
YEAR 4 PHILLIP ISLAND CAMP 2022

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

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

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

Please complete and return to your child's teacher ASAP, no later than Friday, 8th April, 2022

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 and return with this form.

Food Allergies / Special Diet: please complete the section overleaf if you have any special dietary requirements.

Other / special care recommended:

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Last tetanus immunisation was: First time your child has been away from home? YES/NO

PARENT/ GUARDIAN'S PERMISSION / INDEMNITY

My daughter/son of Grade has my permission to attend the school camp at Phillip Island from 4th to 6th May, 2022.

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 ambulance transport 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 Teachers' / Leaders' 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 I understand that by breaking this agreement I may be withdrawn from activities or suspended from Camp.

Date: Signed:

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**SPECIAL DIETARY REQUIREMENTS
YEAR 4 PHILLIP ISLAND CAMP
PLEASE RETURN BY FRIDAY, 8TH APRIL, 2022**

Child's Name:

Special Dietary Requirements.....
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