



CONFIDENTIAL MEDICAL REPORT
GRADE 6 CAMP 2018 - CANBERRA

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 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, 16th February, 2018

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 Nill known

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

Food Allergies / Special Diet: please return the attached form if you have any special diet requirements.

Other / special care recommended:

Last tetanus immunisation was: 1st 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 Canberra, from 25th - 28th March, 2018.

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 I understand that by breaking this agreement I may be withdrawn from activities or suspended from Camp.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:

