

CONFIDENTIAL MEDICAL REPORT FOR SCHOOL CAMPS

Please complete and return by Wednesday, 27th March, 2019

This report is compiled to assist us in case of any eventuality with the children. All information is held in confidence.

We ask parents to note the following requests and abide by them.

1. Is your child presently taking tablets and/or medicine? Yes / No
If YES, please state name of medication, dosage, etc.

2. **All medicines must be handed to the teacher-in-charge prior to leaving for camp, 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).

PLEASE DO NOT ALLOW CHILDREN TO BE IN POSSESSION OF ANY MEDICINE WHILST ON THE SCHOOL CAMP.
HOWEVER, ASTHMATICS SHOULD CARRY THEIR PUFFER WITH THEM AT ALL TIMES (a waist bag is an ideal way to carry puffers).

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
Other		

(* If Asthma is ticked, a detailed form will be sent home prior to the camp.)

ALLERGIES or ANAPHYLAXIS TO:

Penicillin Any foods Drugs Other Nil known

What special care is recommended:

Last tetanus immunisation was:

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

Can your child swim adequately* for the Surfing Lessons? Yes / No

(*Students will be supervised in knee deep water within a confined area for Surfing Lessons)

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 **Phillip Island Adventure Resort from 8th May to 10th May, 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 my child 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: