

CONFIDENTIAL MEDICAL REPORT FOR SCHOOL CAMPS

This report is compiled to assist us in case of any eventuality with the children. All information is held in confidence, and these forms are destroyed after the camp. We ask parents to answer all the questions below and fill in details where requested.

CHILD'S NAME:..... GRADE:..... DATE OF BIRTH

HOME ADDRESS:.....

PARENT'S NAME(S): 1) 2).....

HOME TELEPHONE: 1) 2).....

BUS. HOUR TELEPHONE: 1) 2).....

MOBILE TELEPHONE: 1)..... 2).....

EMERGENCY TELEPHONE NO. (where you can be reached most readily at all times during camp)

 1)..... 2).....

MEDICARE NUMBER.....

MEDICAL HOSPITAL INSURANCE FUND: NO.

AMBULANCE SUBSCRIBER YES / NO AMBULANCE NO.

MEDICATION

Is your child presently taking any regular medication? YES / NO

If YES, please complete the following table:

MEDICATION	DOSAGE / FREQUENCY	REASON FOR TAKING & ANY OTHER CARE DETAILS

ALL MEDICINES must be handed to 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, distributed as required and returned to you at the completion of the camp).

- **PLEASE DO NOT ALLOW CHILDREN TO BE IN POSSESSION OF ANY MEDICINE WHILST ON THE SCHOOL CAMP.**

MEDICAL CONDITIONS (Continued over page)

Does your child suffer from any of the following? YES / NO

If YES, please fill in all details

CONDITION	MEDICATION (if needed)	CARE / TREATMENT
Asthma		
Bed wetting		
Blackouts		
Dizzy Spells		

Fits of any type		
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CONDITION	MEDICATION (if needed)	CARE / TREATMENT
Heart condition		
Migraine		
Sleep walking		
Travel sickness		
Other.....		
Other.....		
Other.....		

ALLERGIES

Does your child suffer from any of the following allergies? YES / NO

If YES, please fill in all the details.

ALLERGY	MEDICATION (if needed), CARE & TREATMENT IF AFFECTED
Penicillin	
Any food (specify).....	
Any drug (specify).....	
Hay fever	
Other.....	

TETANUS

Last tetanus immunisation was

If child hasn't been immunised for tetanus will immunisation be given prior to camp? YES / NO

Booster date.....

AWAY FROM HOME

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

JUST IN CASE

Please hand in to the first aid teacher some minor analgesics (Panadol, Herron, Disprin) in case your child suffers a minor complaint such as headache, fever, stomach ache, etc. during camp. Every effort will be made to contact you before we administer any paracetamol/aspirin. Does your child have any special requirements in this area?

YES / NO

If YES,

What?.....

 ...

AUTHORISATION

Please sign this statement required by the department for all children attending school camps or excursions.

I authorise the teacher in charge of the excursion/tour to consent, where it is impracticable to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary.

Signed:.....