



Medical Form

Please fill out and return this form by the booking deadline for your camp as listed on our website.

Child's Name _____

Date of Birth ____ / ____ / ____ Year Level _____

Parent/Guardian Name 1. _____ 2. _____

Address _____

Postcode _____

Phone _____ (B/H) _____ (A/H)

Medicare No. _____

Private Health Fund _____

Member No. _____

Emerg. Contact Full Name _____

Relation to Child _____ Contact No. _____

Please tick if your child suffers any of the following..

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Bed Wetting | <input type="checkbox"/> Fits of any type | <input type="checkbox"/> Blackouts |
| <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Dizzy Spells |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Sleepwalking | <input type="checkbox"/> Migraine |
| <input type="checkbox"/> Travel Sickness | | |

Other _____

Please tick if your child has any allergies to...

Penicillin Yes No

OR Other Drugs _____

OR Any Foods _____

Details of all accidents/injuries/illness/ailments that we may require?

Please specify _____

What is your child's swimming ability?

- Can swim 25m Cannot swim 25m but is water confident Cannot swim

Is there any other information eg birthdays, special needs, dietary requirements specific to your child?

When was your child's last Tetanus Immunisation? _____

(Tetanus immunisation is normally given at 5 years of age as Triple Antigen or CDT, and at 15 years of age as ADT)

Is your child presently taking any tablets/medicines? Yes No

Please Specify medications, dosages, etc _____

I permit you to administer paracetamol to my child? Yes No if and when required (as per recommended doses)

All medication must be handed to Jodi Gross (Head Coordinator) upon arrival at bus pick up point prior to leaving. All containers must be labelled 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. If it is necessary for your child to carry his/her own medication, (eg asthma puffers, insulin for diabetes), it must be with the knowledge and approval of both the person(s) in charge and yourself.

Do you have up-to-date ambulance cover? Yes No

Consent to Medical Attention

Where the person(s) in charge of the camp is unable to contact me, or it is otherwise impractical to contact me, I authorise the person(s) in charge to:

- Consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner.
- Administer such first aid as the person(s) in charge may judge to be reasonably necessary.

Date

Signed

____ / ____ / ____

Contact Us For Any Further Queries