

WANDIN YALLOCK PRIMARY SCHOOL
CONFIDENTIAL MEDICAL REPORT FOR CAMPS

SURNAME: _____

FIRST NAME: _____

CAMP: GRADE 2 SLEEPOVER

DATE: Thursday 3rd December 2015

DATE OF BIRTH: _____ **SCHOOL YEAR:** _____

PARENT/GUARDIANS FULL NAME: _____

ADDRESS: _____

EMERGENCY TELEPHONE NUMBER: AFTER HOURS: _____

BUSINESS HOURS _____

MOBILE NUMBER: _____

NAME, ADDRESS AND PHONE NUMBER OF FAMILY DOCTOR: _____

MEDICARE NUMBER: _____ **AMBULANCE SUBSCRIBER: YES/NO**

MEDICAL/HOSPITAL INSURANCE FUND: _____

CONTRIBUTION NUMBER: _____

PLEASE TICK IF YOUR CHILD SUFFERS ANY OF THE FOLLOWING

BED WETTING FITS OF ANY TYPE HEART CONDITION

DIZZY SPELLS SLEEPWALKING ASTHMA

BLACKOUTS MIGRANE TRAVEL SICKNESS

OTHER (PLEASE SPECIFY) _____

ALLERGIES TO:

Penicillin _____ Any foods _____ Other drugs _____

Other ALLERGIES (please specify what special care is recommended) _____

TETANUS IMMUNISATION:

Last tetanus immunisation was _____. Please tick if booster is being arranged before the camp.

TABLETS AND MEDICINES:

Is your child presently taking tablets and/or medicine? (Y/N) _____

If YES, please state names of medicine and medication dosage etc.

Please do not allow children to be in possession of any medication while on the camp.

PREVIOUS EXPERIENCE:

Is this the first time your child has been away from home (Y/N) _____

COMMENTS:

CONSENT TO MEDICAL ATTENTION:

I give permission for my child to attend and authorise the teachers in charge of the Grade 2 Sleepover to consent, where it is impracticable to communicate with me, to the child receiving such medical or surgical treatment as may be deemed necessary.

SIGNED: _____

DATE: _____