

SELBY PRIMARY SCHOOL
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 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 WHILE ON THE SCHOOL CAMP.

Please complete and return as soon as possible.

CHILD'S FULL NAME (including middle name):

GRADE CHILD'S DATE OF BIRTH:

PARENT'S ADDRESS: POSTCODE

TELEPHONE: After Hours Business Hours

MEDICAL/HOSPITAL INSURANCE FUND: No:

DOCTOR'S NAME: DOCTOR'S TELEPHONE:

MEDICARE NO: AMBULANCE: YES NO

PLEASE TICK IF YOUR CHILD SUFFERS ANY OF THE FOLLOWING:

Bed-wetting	Fits of any type	Heart condition
Blackouts	Sleepwalking	Asthma
Dizzy spells	Migraine	Travel sickness
Other		

ALLERGIES TO:

Penicillin Any foods Drugs

Others

What special care is recommended:

Last tetanus immunisation was: PREP OTHER (date)

IS THIS THE FIRST TIME YOUR CHILD HAS BEEN AWAY FROM HOME? YES NO

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 THE CHILD RECEIVING SUCH MEDICAL OR SURGICAL TREATMENT AS MAY BE DEEMED NECESSARY.

I DO / DO NOT GIVE PERMISSION FOR MY CHILD TO BE GIVEN PANADOL IF NECESSARY.

SIGNED: DATE: