



# ST MARY'S SCHOOL, RYDALMERE

## CONFIDENTIAL MEDICAL INFORMATION NOTE

Please complete the details below to assist us in case of any eventuality with your child at camp. All information is held in confidence and the form is destroyed after the camp.

**Please complete as accurately as possible.**

Is your child presently taking any medication YES / NO

If YES, please state:	MEDICATION	DOSAGE	TIME TO BE GIVEN
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

All medication must be handed to the Teacher in charge (in a plastic bag labelled with the child's name) prior to leaving for camp. **PLEASE DO NOT ALLOW CHILDREN TO BE IN POSSESSION OF ANY MEDICINE WHILST ON CAMP.**

CHILD'S NAME: \_\_\_\_\_

PARENT'S ADDRESS: \_\_\_\_\_

\_\_\_\_\_ POSTCODE: \_\_\_\_\_

TELEPHONE: Home: \_\_\_\_\_ Business: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_ Phone No: \_\_\_\_\_

MEDICAL FUND: \_\_\_\_\_ NUMBER: \_\_\_\_\_

MEDICARE CARD NUMBER: \_\_\_\_\_

NAME OF CHILD'S DOCTOR: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

**PLEASE TICK IF YOUR CHILD SUFFERS ANY OF THE FOLLOWING:**

Bed Wetting  Fits of any type  Migraine  Dizzy Spells  Asthma

Heart Condition  Sleepwalking  Blackouts  Travel Sickness  Other

If "Other" please state: \_\_\_\_\_

ALLERGIES TO: Penicillin: \_\_\_\_\_ Any Foods: \_\_\_\_\_

Drugs: \_\_\_\_\_ Other: \_\_\_\_\_

What special care is required? \_\_\_\_\_

Last Tetanus Immunisation was? \_\_\_\_\_

If over 10 years since last Immunisation, please tick if booster is to be arranged by parents before camp

Booster Date: \_\_\_\_\_

Any special dietary requirements: \_\_\_\_\_

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

I authorise the teacher in charge of the camp, where it is impossible to get in touch with me, to consent to the child receiving such medical or surgical treatment as is deemed necessary.

Signed: \_\_\_\_\_ (Parent / Guardian)