



2016 YEAR 6 CANBERRA TOUR STUDENT MEDICAL FORM

**PLEASE RETURN ASAP or by Second Pay Instalment
Date - Monday 23rd November**

This report is intended to assist the school in case of any medical emergency with your child.
All information is held in confidence.

Student Contact Details

Child's Name: _____

Grade: _____ Date of Birth: ____/____/____ Religion: _____

Parent's / Guardian's Full Name _____

Address: _____

_____ Postcode: _____

Emergency Telephone _____ After Hours: _____ Business Hours: _____

Mobile/s _____

Name, Address & Phone of Family Doctor: _____

Medicare No: _____ Ambulance Subscriber No: _____

Medical / Hospital Insurance Fund: _____ Contribution No: _____

Please tick appropriate box if your child suffers any of the following

Bed wetting Fits of any type Migraine Diabetes

Dizzy spells Sleep walking Asthma Epilepsy

Blackouts Heart condition

Other Please state: _____

Allergies to

Penicillin Foods Other drugs Other Allergies

What special care is recommended?

Tetanus Immunisation: My child **IS** immunized My child **IS NOT** immunized

P.T.O. →

Administration of an Analgesic (Paracetamol only)

TICK BOX: In the event of my child requiring the administration of an analgesic for pain relief, **I HEREBY CONSENT** to my child being given the recommended **CHILD DOSAGE** of **Paracetamol**.

Please sign here: _____

Tablets and Medicines

1. A notice will be sent home a week before the tour outlining medication that needs to be or may need to be administered whilst your child is away.
2. All medicines must be handed to the teacher in charge, with your child's name, the dose to be taken and when it should be taken. (These will be kept in a secure place and distributed as required.)
Please do not allow children to be in possession of any medicine whilst on tour.

Previous Experience

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

Special Dietary Considerations

Are there any special dietary considerations

- YES NO If yes, please provide information below.
- VEGETARIAN – NO MEAT of any type
- VEGETARIAN – will eat SOME MEAT – specify which: _____
- COELIAC / GLUTEN FREE
- LACTOSE / DAIRY FREE
- NUT / PEANUT ALLERGY – please specify: _____
- RELIGIOUS (we cannot supply Halal or Kosher) _____
- ALLERGY – please state below _____

Due to the nature of some dietaries we may ask that these passengers bring some of their own food with them to assist the tour operators to cater for your child's meals.

Consent to Medical Attention

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

Parent Signature: _____ **Date:** _____