

EMMAUS CATHOLIC PRIMARY SCHOOL
CONFIDENTIAL MEDICAL REPORT FOR SCHOOL CAMPS / EXCURSIONS

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 at the end of the year.

We ask parents to note the following requests and abide by them.

1. Is your child presently taking tablets and /or medicine? Yes / No
2. All medicines must be handed to the teacher - in - charge prior to leaving for camp /excursion, with your child's name, the dose to be taken and when it should be taken.

Please do not allow children to be in possession of any medicine whilst on the school camp / excursion.

Please complete and return as soon as possible.

CHILD NAME:GRADE

PARENT'S ADDRESS:

..... POSTCODE:

TELEPHONE: AFTER HOURSBUSINESS HOURS

MOBILE: MOTHER..... FATHER:.....

MEDICAL/HOSPITAL INSURANCE FUND: NO:

PLEASE TICK IF YOUR CHILD SUFFERS ANY OF THE FOLLOWING:

Bed wetting Fits of any type Heart condition

Dizzy spells Sleep walking Asthma*

Blackouts Migraine Travel sickness

Others

***Asthma Management Plan needs to be filled out. (Please pick up this form from the office)**

Allergies to: If your child is anaphylaxis please fill out **action plan for anaphylaxis.**

Penicillin Any foods Drugs

Others

What special care is recommended?

.....

Last tetanus immunisation was:

If over 10 years since last immunisation:

Please tick if booster is to be arranged by parents before the camp / excursionBooster date:

Is this the first time your child has been away from home? Yes / No

Please sign this statement required by the Catholic Education Office for all children attending school camps or excursions.

* I authorise the teachers - in -charge of the excursion/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.

Parents to sign: Signed _____ Signed _____