



# Alexandra Adventure Camp

## Confidential Medical Information

### CONFIDENTIAL MEDICAL INFORMATION FOR SCHOOL EXCURSIONS

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

Student's name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Year level: \_\_\_\_\_

Parent's full names: \_\_\_\_\_

Parent's full residential address: \_\_\_\_\_

Parent's Contact telephone details in case of emergency:

Work: \_\_\_\_\_

Home: \_\_\_\_\_

Mobile: \_\_\_\_\_

Is this the first time your child has been away from home? \_\_\_\_\_

Details for family doctor:

Doctor's Name: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

Doctor's Telephone number: \_\_\_\_\_

Student's Medicare number: \_\_\_\_\_

Medical/Hospital Insurance Fund

Fund Name: \_\_\_\_\_ Number: \_\_\_\_\_

Is the student covered by ambulance membership? \_\_\_\_\_ Yes / No

(please note: regardless of cover, in an emergency situation an ambulance will be called)

Year of last tetanus immunisation? \_\_\_\_\_

Please tick if your child suffers any of the following:

- |                  |     |                 |     |
|------------------|-----|-----------------|-----|
| Bed wetting      | [ ] | Sleepwalking    | [ ] |
| Heart condition  | [ ] | Asthma          | [ ] |
| Diabetes         | [ ] | Dizzy spells    | [ ] |
| Fits of any type | [ ] | Blackouts       | [ ] |
| Migraine         | [ ] | Travel sickness | [ ] |

Please list any known allergies: such as drugs, penicillin, foods, peanuts, insect

bites, etc.

Is your child presently taking any tablets and/ or other medicine?

Yes / No

If YES, please state name of medication, dosage, etc:

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**Note:** All medication must be handed to the teacher in charge prior to leaving. All containers must be labelled 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.) If it is necessary or appropriate for your child to carry their own medication (e.g. asthma puffers and insulin for diabetes), it must be with the knowledge and approval of both the teacher in charge and yourself.

What special care is recommended? \_\_\_\_\_

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Is there any other information that should be known by the staff in charge of this excursion?

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Signature/s of parent/s

Name/s of parent/s

Date:

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**Important Note: You should tell the school before your child goes on this excursion if any information in this form changes**