



St. Bernard's

Catholic Primary School, East Coburg

CONFIDENTIAL MEDICAL INFORMATION FOR SCHOOL CAMP

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

Child's name: _____ DOB: _____ Year level: _____

Parent's/guardian's full name: _____

Address: _____

Post Code: _____

Emergency phone numbers: AH: _____ BH: _____

Name and address of the family doctor:

Medicare Number: _____

Medical/hospital insurance fund: _____ Contribution no. _____

Previous experience: Is this the first time your child has been away from home? Yes No

Please circle if your child suffers from any of the following:

Bedwetting	Fits of any type	Heart condition	Asthma	Diabetes
Dizzy spells	Sleepwalking	Blackouts	Migraine	Travel Sickness

Other: _____

Does your child have any special dietary requirements?

Allergies to:

Penicillin _____ Other Drugs _____

Any foods _____

Other _____

What special care is recommended?

Tetanus immunisation - year of Last tetanus immunisation: _____

(Tetanus immunisation is normally given at five years of age (as Triple Antigen or CDT) and at fifteen years of age (as ADT).

Tablets and Medicines - Is your child presently taking tablets and/or medicine? Yes No

If yes, please state the name of the medication, dosage etc.

MEDICATION

All medication must be accompanied by a **Medical Management Plan** and a **Medication Authority Form** and be handed to the teacher-in-charge before leaving. All medication must be in original packaging and clearly state the child's name, dosage (amount & timing), prescribing doctor if a prescription medication & in a container or zip lock bag labelled with your child's name (*These will be kept in the first aid centre and distributed as required*). If it is necessary or appropriate for your child to carry his or her own medication (*for example, asthma puffers*), it must be done with the knowledge and approval of both the teacher in charge and yourself. Medication will not be given unless the above requirements have been met.

Parent Name: _____ Parent Signature: _____

Date: _____