



COBDEN TECHNICAL SCHOOL

Committed To Students
Committed To Success

McKenzie Street
COBDEN 3266

Telephone: (03) 55951202 - Fax: (03) 55951076

CONFIDENTIAL MEDICAL REPORT FOR SCHOOL CAMPS AND EXCURSIONS

(Please complete and return as soon as possible)

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

Child's Name: _____ Date of Birth: _____ School Year: _____

Parent's/Guardian's Full Name: _____

Address: _____ Emergency Telephone: After Hours: _____

_____ Business Hours: _____

Name and Address of Family Doctor: _____

Medicare No: _____

Medical/Hospital Insurance Fund: _____

Contribution No.: _____

Please tick if your child suffers any of the following:

- Fits of any type Heart condition Dizzy spells
- Asthma Blackouts Migraine Travel Sickness Other _____

If you have ticked Asthma and your child has had a recent Asthma attack or has been newly diagnosed with Asthma, it is important to ensure that the students Asthma Management Plan is up to date.

Please contact the school for a School Camp Medical Update form.

Allergies to:

- Penicillin Any foods Other drugs _____ Other allergies _____

What special care is recommended? _____

Tetanus Immunisation

Last tetanus immunisation was _____ if over ten years since last immunisation, please tick if booster is to be arranged by parents before the camp Booster date _____

Tablets and Medicines

1. Is your child presently taking tablets and/or medicine? YES / NO

If YES, please state name of medication, dosage etc. _____

2. All medicines must be handed to the teacher in charge prior to leaving, 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).

Please do not allow children to be in possession of any medicine while on the camp or excursion.

Consent to Medical Attention and Activities

I authorise the teacher in charge of the excursions and activities (as listed on the attached letter) to consent, where it is impracticable to communicate with me, to the child receiving such medical or surgical treatment as may be deemed necessary.

Signed: _____

Date: _____, 200