



KURWONGBAH STATE SCHOOL

YEAR 5 CAMP MEDICAL FORM 7 – 9 October 2020

NOTE: This form is to be filled in by a Parent or Carer of any student attending the Camp. The information contained herein is required by the Medical Practitioners in the event of a student requiring treatment. The information given here is not intended to stop a student coming to the Camp. It is important for the well-being of the student that this form be completed fully and accurately and all information will be kept confidential.

STUDENT DETAILS

Student Name:			
Date of Birth:		Class:	

CONTACT DETAILS

Parent / Carer Name:			
Address:			
Contact Numbers:	Home:	Work:	Mobile:
If Parent Unavailable	Emergency Contact Name:		Phone:

HEALTH DETAILS

Medicare Number	____ / Ref No. ____		
Additional Health Insurance?	Yes / No	Name of Fund:	
Date of Last Tetanus Booster:			

Does Your Child Suffer From Any Of The Following? If yes please provide full details (severity, medication, action recommended etc). Medical conditions with a * require an Action Plan.

Medical Condition	Yes / No	Action Plan	Details / Medication
Heart Problems*	Yes / No	Yes / No	
Respiratory e.g. Asthma*	Yes / No	Yes / No	
Epilepsy*	Yes / No	Yes / No	
Allergies: Food	Yes / No	Yes / No	
Drugs	Yes / No	Yes / No	
Ointments	Yes / No	Yes / No	
Other	Yes / No	Yes / No	
Diabetes*	Yes / No	Yes / No	
Blood Pressure	Yes / No		
Recent Operations	Yes / No		
Recent Illness	Yes / No		
Phobias	Yes / No		
Back, Bone, Joint Problems	Yes / No		
Bed Wetting	Yes / No		
Travel Sickness	Yes / No		
Sleep walking	Yes / No		
Other: Please list	Yes / No		
Swimming Ability	Non swimmer <input type="checkbox"/> Poor swimmer <input type="checkbox"/> Good swimmer <input type="checkbox"/>		

MEDICATION: Please see attached forms which must be completed and returned with the medication in a snap lock bag on the morning of the camps departure.

Privacy Statement: The Department is collecting personal information regarding your child's participation in this activity in order to ensure that the school can properly address any particular needs of your child while they are in our care. The information will only be accessed by persons authorised by the Department. It will not be used or disclosed to any other person or agency unless you have given permission, it is required by law or it is in the best interests of your child's health and welfare.

Parent/Carer's Signature: _____

Date: ____/____/____