



CONFIDENTIAL MEDICAL REPORT FOR ADANAC CYC CAMP 2024
PLEASE COMPLETE AND RETURN BY TUESDAY, 12 DECEMBER 2023

This report is intended to assist the College staff in supporting and caring for students in the case of any medical emergency. All information is held in confidence and these forms will be destroyed after the camp or excursion.

Student's full name: Form: Date of Birth:.....
Parent/carer's full name:.....
Address:..... Postcode:.....
Mobile:
Name and address of family doctor:
..... Telephone:
Medicare No:..... Expiry date:
Private Health Insurance Fund:..... Contribution No.....
Do you have Ambulance Cover: **YES/NO** Ambulance Cover No:.....

MEDICAL CONDITIONS

Please tick if your child suffers from any of the following: -

- Bed wetting* *Fits of any type* *Heart condition* *Asthma* *Diabetes*
- Dizzy spells* *Sleep walking* *Blackouts* *Migraine* *Travel sickness*

Please name any other medical or other condition which your child suffers from that the organisers of the camp need to know about.

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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]).

Medication (Prescription and Non-prescription)

1. Do you expect your child to be taking medication at the time of the camp? **YES /NO**

If yes, please complete the **Medication Authority Form** and return with any labelled medication on the day of camp.
PLEASE NOTE: As per Department of Education guidelines, schools are no longer able to provide paracetamol to students. If you anticipate your child may need paracetamol at any point on this camp, you will need to provide the medication and complete the attached medication authority form.

2. All medication must be given to the teacher in charge. All containers must be labelled with your child's name, the dose to be taken as well as when and how it should be taken. The medications will be kept by the staff and distributed as required. Inform the teacher in charge if it is necessary or appropriate for your child to carry their medication (for example, asthma puffers or insulin for diabetes). If medication being retained by student is essential, we recommend that some spare medication be given to the teacher in charge in case of loss or damage to student's own supply.
3. Any late changes to the above information may be submitted in writing to the NSC Health Centre, prior to camp departure. Should you wish to discuss any aspect of your child's medical information, please phone 9871 0400.

Allergies

Please indicate if your child is allergic to any of the following:

Penicillin *Other Medications*.....
Any foods
Other?

***Medical Consent and Dietary requirements overleaf..**

Dietary Requirements:

If your child has any special dietary requirements, please list details below:-

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Consent to Medical Attention:

Where the teacher in charge of the excursion/camp is unable to contact me, or it is otherwise impracticable to contact me, I authorise the teacher in charge to:

- Consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner.
- Administer such first aid as the teacher in charge may judge to be reasonably necessary.

Signature of parent/carer: **Date:**