



WEST LEEDERVILLE
PRIMARY

STRICTLY CONFIDENTIAL

This information, which is required for each student participating in the Year 6 Camp, will assist the school and supervising teachers in the preparation and planning of the excursion.

Student's name: _____ Date of Birth: _____

Parent/Guardian's full name: _____

Address: _____ Postcode: _____

Contact Numbers: Home: _____ Work: _____ Mobile: _____

Name of family doctor: _____ Telephone No: _____

Medicare Number, including reference number: _____

Medical Details

Is your child subject to seizures, fainting, epilepsy, diabetes, *sleepwalking* or any other condition that may affect his or her safety during the excursion?

Yes No

If 'yes', please give details:

Is your child allergic to?:

Penicillin _____

Any other drug _____

Any food _____

Other _____

Date of last tetanus vaccination: _____

Medicare Number: _____ Number on card: _____

Medication

Please make arrangements with the supervising teacher for the safekeeping and handling of medications prior to the excursion.

Is your child presently taking any form of prescribed medication? Yes No

Does your child self-administer the medication? Yes No

If 'yes', state the name of medication, dosage and frequency of use: _____

Does your child have a current Health Care Authorisation Plan at school? Yes No

Other Information

Please provide any other information about your child which will enable the camp organisers to provide better care for your child.

