

Title 2018 Year 6 Camp Medical and Special Information Form - Room 6

Wednesday, 14 February 2018

Information required by: Friday, 23 February 2018

YEAR 6 CAMP MEDICAL AND  
SPECIAL INFORMATION FORM

### Personal Health History

(This will be considered confidential to teachers)

Please do not hesitate to contact your child's classroom teacher if there is any matter about which you are concerned.

### Response form

Is this the first time your child has been away from home? \*

Yes  No

Please indicate if you consent to your son/daughter being provided with Panadol or Paracetamol when necessary. \*

Yes  No

Anti-Tetanus: My child has had a series of three anti-tetanus injections. \*

Yes  No

The last injection was: \*

Does your child have any specific health hazards or allergies (e.g. bee/wasp stings, sunblock)? \*

Yes  No

Please give details and methods of treatment:

Does your child have to take any medication daily? \*

Yes  No

If yes please give details including dosage:

Please advise specific care or treatment that camp staff should be aware of e.g. bedwetting, asthma, epilepsy, sting allergies, hay fever, sleep-walking, other.

Is there any food your child is unable to eat? \*

Yes  No

Please give details.

Signature: