

Title 2019 Year 6 Camp Medical and Special Information Form - Room 5

Friday, 15 February 2019

Information required by: Friday, 1 March 2019

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: