

Medical Form – Child

Name of School: _____ School year: _____

Student Details:

Surname: _____ Given Names: _____

Address: _____

Postcode: _____ Date of Birth: ____/____/____ Male Female

Parent / Guardian Details:

Please Tick ✓: Mother / Guardian Father / Guardian Other Contact

Full name of Parent / Guardian Details: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

Medicare Number: _____ Expiry Date: ____/____/____

Student Name on Card: _____

Student Number on card: _____

Ambulance Cover: Yes No

Private Health Fund Name: _____ Health Fund member number: _____

Is your child in good health? Yes No

Does your child require regular medication? Yes No

Does your child suffer from any Chronic Illness / Injury / Allergies? Yes No
If yes, please specify?

Parent / Guardian Signature: _____ Date: ____/____/____



Current Medication / Dietary Requirements

School: _____ Student Name: _____

Time and Dosage – Please specify exact time of medication

Medication Name	Breakfast		Lunch		Dinner		Other	
	Time	Dose	Time	Dose	Time	Dose	Time	Dose

Regulations require that all medication must be provided in the original container / packaging. Teachers will collect and administer all medication.

Has your child suffered from any Acute Illness in the past four months? If yes, details.	Yes	No
--	-----	----

Has your child been treated by a doctor in the past four weeks? If yes, please attach a medical certificate outlining treatment, and stating that the child is fit to attend camp.	Yes	No
---	-----	----

Has your child had any major surgery? If yes, please specify.	Yes	No
---	-----	----

Is your child's Immunisation up to date, including tetanus? If yes, what year was the last booster given?	Yes	No
--	-----	----

Does your child wet the bed?	Yes	No
------------------------------	-----	----

Does your child sleep walk?	Yes	No
-----------------------------	-----	----

Do you give permission for Panadol to be administered if required?	Yes	No
--	-----	----

Does your Child have any Dietary Requirements? If YES please specify:	Yes	No
--	-----	----

Water or Swimming Activities:

In relation to any proposed water or swimming activities, my child: Name: _____

(Please tick one:)

STRONG SWIMMER

AVERAGE SWIMMER

POOR SWIMMER

NON-SWIMMER

