

HILDER ROAD STATE SCHOOL – CAMP FORM 1 (CONFIDENTIAL)

MEDICAL INFORMATION

Name: _____ **Date of Birth:** _____

Parents:	Other Contact:
Name:	Name:
Address:	Address:
Phone Numbers:	Phone Numbers:
Relationships:	Relationships:
Medicare Number: _____	Please list any other medical cover: _____

Please complete details below	Yes / No	Details / Medication
Heart problems		
Epilepsy		
Asthma (If yes, complete Form 3)		
Operations and / or recent illness		
Sinus, hay fever		
Allergies: Food (eg Milk etc.) Drug (eg Penicillin etc)		
Phobias (eg Heights etc)		
Travel sickness		
Tetanus injection (include date of last injection)		
Bedwetting and / or sleep walking		
Physical disabilities		
Permission for supervision to administer medication for headaches, sore throats etc. if the need arises. (On Doctor's advice we will carry Paracetamol).		

Signature: _____ **Date:** _____