

CONTACT AND
MEDICAL INFORMATION
Bathurst Educational Trip

Please complete all details and return by Tuesday August 25th 2009

CHILD'S CHRISTIAN NAMES: SURNAME:

DATE OF BIRTH:

ADDRESS:POSTCODE:.....

PARENT/GUARDIAN NAME IN FULL (Block Letters)

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PARENT TELEPHONE: (Home) (Bus.)(Mobile).....

EMERGENCY NAME AND NUMBER (In case we can't contact you):

MEDICAL INFORMATION - IMPORTANT - PLEASE ANSWER THE FOLLOWING QUESTIONS :

1. Does your child suffer from any medical condition? (asthma, diabetes, epilepsy, ADHD, etc). Please note any details of the medical management program that the teacher may need to be aware.

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2. Give details of any medication your child is currently taking together with the dispensing routine. Medication brought to camp should have the child's name, dosage and dosage times clearly marked, along with a medicine cup or dropper. Only medication in the child's name will be administered. **Please place all medication in a zip lock bag to be given to Miss Hales on the morning of departure for camp.**

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3. Give details of any allergy your child has to common foods, plants, insect bites, medications (eg penicillin) etc

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4. In what year was your child last immunised against tetanus?

Medicare No. Expiry date.

Private Health Fund No.

5. Special Diet - If your child requires a SPECIAL DIET please indicate (Do NOT include child's likes & dislikes)

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6. Please complete the Panadol permission notice on the reverse side of this form.

Signed **(Parent / Caregiver)** **Date :**

Name of Parent / Caregiver :

Please note: In case of emergency, we will contact an ambulance.