



Our Lady of
Mercy College

STUDENT MEDICAL REPORT FORM OVERNIGHT CAMPS

Name of Student: _____

Name of Camp: _____

This confidential medical report can be of vital importance to the safety and wellbeing of your child. In an emergency, **it may be the only information** that teachers or medical professionals may have for the care and treatment of your child. Please take time to fill it in and **include all information you believe relevant.** It should be returned to the school promptly.

PARENT / GUARDIAN 1 DETAILS

Full names: _____

Home Address: _____ Postcode: _____
(PO Box not accepted)

Phone Home: _____ Work: _____ Mobile: _____

PARENT/ GUARDIAN 2 DETAILS

Full names: _____

Home Address: _____ Postcode: _____
(PO Box not accepted)

Phone Home: _____ Work: _____ Mobile: _____

STUDENT DETAILS

Name of family doctor: _____ Telephone: _____

Medicare number: _____ Student's number on card: _____

Private Health Cover: _____ If **Yes**, Fund Name: _____ Fund No: _____

Contact Person during this Camp: (If different from above)

Name: _____ Relationship to student: _____

Phone Home: _____ Work: _____ Mobile: _____

MEDICAL DETAILS

You cannot provide too much information in this section. If you have any additional information, please securely attach a separate sheet with your child's name on it.

Section A - Medication

Is your child presently taking any medication?

YES

NO

If **YES**, please state the condition it is treating, name of medicine, dosage and any possible side effects.

I give permission for my son/daughter to be administered **Panadol**, if required, during the Camp.

YES

NO

Section B – Medical History

Does, or has, your child ever suffered from the following? (Please tick the appropriate box.)

	YES	NO
i) Asthma?	<input type="checkbox"/>	<input type="checkbox"/>
ii) Allergies?	<input type="checkbox"/>	<input type="checkbox"/>
iii) Diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
iv) Epilepsy?	<input type="checkbox"/>	<input type="checkbox"/>
v) Heart/lung complaints?	<input type="checkbox"/>	<input type="checkbox"/>
vi) Joint or bone injury?	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered 'Yes' to any of the above, you will be required to complete the 'Medical Report form – Additional information'

If **Yes**, please send with your child, any sports strapping tape or support devices needed to manage their injury.

Date of your child's last Tetanus vaccination? / /

Section C – Other information

Does your child have any special dietary or food requirements? (e.g. vegetarian)

YES

NO

If **Yes**, please provide details including the reasons, and what substitute food he/she eats:

Can your child swim?

No

Moderately

Competently

I do / do not give my child permission to swim during the camp/excursion. _____ (Initial)



CONSENT – MEDICAL ATTENTION WHILE AT CAMP/EXCURSION

Where it is not practical to communicate with me, I authorise the teacher in charge of the excursion to consent to my child receiving such medical treatment as may be considered necessary and agree to meet any expenses, or costs incurred.

Parent 1/Guardian Name: _____

Signature: _____ **Date:** _____

Parent 2/Guardian Name: _____

Signature: _____ **Date:** _____

(This signed consent is required for **ALL** children attending school camps and extended educational excursions).

* Please advise the school in writing **PRIOR** to this excursion/camp, of any changes to this information or **CURRENT** illness or condition.

Any additional information



MEDICAL REPORT FORM

ADDITIONAL INFORMATION

(Only required if you ticked 'Yes' to any of the questions in
Section B – Medical History)

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Please complete if your child has a Medical Condition:

Condition 1: (Provide further information for EACH condition on separate pages).

- a. Provide a full description of your child's condition.

- b. If your child requires medication, please list the dosage, frequency and storage regarding this medication.

- c. List and describe any 'triggers' that will bring on or exacerbate the condition.



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d. Fully describe the signs or symptoms of the condition. (rash, fever, swelling etc.)

e. Provide a detailed treatment plan, including steps to be taken if the condition worsens and the level of assistance required increases. (eg. Wheelchair, oxygen, physical support etc.)

f. Has the child been hospitalised due to the condition? If yes, please supply date.

g. Provide any other relevant information not listed above.

