



STUDENT HEALTH CARE INFORMATION FOR CAMPS / EXCURSIONS

Student's name _____ Date of Birth ____ / ____ / ____

Does the student have any medical condition or other health care concern? Yes No

If yes, please give details below:

Type of emergency and how to recognise it	
Avoidance precautions	
Emergency treatment	

Does the student take prescribed medication, including inhalers? Yes No

If yes, please give details below and ensure all medications are clearly labelled:

Medication	Dose	When / how taken	Side effects

Is the student immunised against tetanus? Yes No Date of last booster ____ / ____ / ____

Is the student covered by a private health/medical and/or ambulance fund, please give details below:

Health fund	Membership Number	Ambulance Fund Number

First Aid

- If a child/student becomes ill or is injured, school personnel will administer first aid and call an ambulance if necessary.
- If you anticipate this child/student will require anything other than a standard first aid response, please provide detailed written recommendations so special arrangements can be negotiated.

Emergency contacts (Please provide information on the back of this form)

I agree that the information given on this health care plan is correct and give permission for school personnel to administer first aid and call an ambulance if necessary

Parent / Caregiver's Signature _____

Any health care information given will not prevent your child participating unless further medical advice warrants exclusion. The information requested on the student health care sheet will be treated confidentially by the school. Such information is sought in order to protect and assist the student so the activity may be a safe and enjoyable experience. Please attach extra sheets if required and contact the teacher-in-charge if you wish to discuss any student health care issues.

