



WALLACIA PUBLIC SCHOOL
1573-1585 Mulgoa Road
WALLACIA NSW 2745

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Principal: Mr Trev Mason

CONFIDENTIAL MEDICAL REPORT FOR CAMP

This form is intended to assist the school in case of any medical emergency with your child.

Student's Name: _____

Date of Birth: _____ Year Level : _____

Parent's/Guardian's Full Name: _____

Address: _____

Postcode: _____

Emergency Telephone:

After hours _____

Business hours _____

Name and Address of Family Doctor: _____

Medicare Number: _____ Position on Card: _____

Medical / Hospital Insurance Fund:

Contribution Number:

Do you have ambulance cover:

Please circle if your child suffers any of the following:

Bed-wetting
condition

Fits of any type

Heart

Dizzy spells

Sleepwalking

Asthma

Blackouts
sickness

Migraine

Travel

Other medical needs and details of above condition/s:

Allergies to:

Penicillin_____

Other drugs_____

Please list others :

What special care is recommended

Tetanus Immunisation :

Last tetanus immunisation was _____.

Tablets and Medicines:

Is your child presently taking tablets and/or medicine ? YES / NO

If YES, please have doctor's instructions confirming name of patient, medication and dosage - otherwise medication will not be administered.

All medicines must be handed to the teacher in charge prior to leaving, with your child's name, the dose to be taken and when it should be taken (doctors instructions).

Please do not allow children to be in possession of any medicine whilst on the camp.

Previous Experience:

Is this the first time your child has been away from home ? YES / NO

Consent to Medical Attention

I authorise the teacher in charge of the camp to consent, where it is impracticable to communicate with me, to my

child receiving such medical or surgical treatment as may be deemed necessary.

Form completed by - Name:

Signed : _____ Date : _____