

Medical Form – Child

Name of School _____ School Year _____

Student Details:

Surname: _____ Given Name: _____

Address: _____

Postcode: _____ Date of Birth: _____ Gender: M F

Parent/Guardian Details:

Please tick: Mother/Guardian Father/Guardian Other contact

Full name of parent/guardian _____

Phone: _____ Mobile Phone: _____

Medicare Number: _____ Expiry Date: _____

Student Name on card: _____ Number on card: _____

Ambulance Cover: Yes No

Private Health Fund Name: _____

Health Fund Number: _____

Is your child in good health? Yes No

Does your child require medication? Yes No

If yes, what is the medication, and does it need to be administered at camp?

Does your child suffer from any Chronic Illness / Injury / Allergies? _____

Any additional information? _____

Parent/Guardian Signature: _____

Date: _____