



Health information

Given names **Family name**

Date of birth **Medicare no.**

Medic Alert no. (if relevant)..... **Health Care Card no. (if relevant)**.....

Medical condition

1. Does the student have a medical condition or health concern? YES / NO
(eg allergies, diabetes, asthma, heart condition, haemophilia, epilepsy, ear disorder, respiratory disorder, periodic loss of consciousness)
2. If you have answered YES:
 - please provide a summary of the medical/health concern
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 - have you provided their health care management plans? YES / NO
4. Are you aware of any medical emergency that could occur? YES / NO
5. If you have answered YES please provide details.

<i>Precautions to avoid emergency</i>
<i>How to recognise emergency</i>
<i>Emergency treatment required</i>

Medication

6. Does the student take any prescribed medication (including inhalers, nebulisers, insulin)? YES / NO

<i>Medication name</i>	<i>Dose</i>	<i>When taken</i>	<i>How taken</i>	<i>Any side effects</i>

Any medication including nebulisers needed during the camp must be handed to a teacher before departure, with written details of student’s name, medication, dose, etc

7. Has the student received a complete course of tetanus toxoid immunisation? YES / NO
Check details with your doctor if uncertain. Date of last booster:

Private health fund

8. If the student is a member of any private health fund, provide details.
Fund name..... Benefit table..... Membership number.....
9. If the student is covered by an ambulance subscription, give family subscription number