



Student Medical and Dietary Information

Email your completed form to jdola23@eq.edu.au

PLEASE ENSURE THAT YOU COMPLETE THE MEDICAL INFORMATION FORM ACCURATELY

Full Name		Date of Birth	
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The school collected medical information about your child at registration/enrolment. This information is stored electronically in OneSchool. Please give full details of any new or updated medical information which may affect your child's full participation in the excursion described in the form.

You may also wish to update/provide the following optional information:

Name of child/student's medical practitioner:	
Telephone No.:	
Medicare No.:	
Private Health Insurance Company (if applicable):	
Membership No.:	

***Students that are independent, mature-age or over 18 years of age may provide their own consent and be responsible for all related costs.**

Swimming Ability: Unable to swim limited moderate confident

Has your child/ward had a Tetanus booster in the last 12 months? Yes No

Does your child/ward have any of the following? Please give full details including severity, medication, date of last incident, operation etc.

Condition	Response	Details (including severity etc.)	Condition	Response	Details (including severity etc.)
Heart Condition	<input type="radio"/> Yes <input type="radio"/> No		Asthma	<input type="radio"/> Yes <input type="radio"/> No	
Epilepsy	<input type="radio"/> Yes <input type="radio"/> No		Respiratory Condition	<input type="radio"/> Yes <input type="radio"/> No	
Diabetes	<input type="radio"/> Yes <input type="radio"/> No		Blood Pressure	<input type="radio"/> Yes <input type="radio"/> No	
Bed Wetting	<input type="radio"/> Yes <input type="radio"/> No		Disability	<input type="radio"/> Yes <input type="radio"/> No	
Sleep Walking	<input type="radio"/> Yes <input type="radio"/> No		Phobias	<input type="radio"/> Yes <input type="radio"/> No	
Travel Sickness	<input type="radio"/> Yes <input type="radio"/> No		Other?	<input type="radio"/> Yes <input type="radio"/> No	

Additional Information





Does your child have any allergies? Please give full details including an Action Plan outlining severity, date of last reaction/incident, date of formal diagnosis etc. Parents – please ensure your child is fully aware of any known allergies prior to attending camp as your response is deemed final and no variance will be permitted.

Allergy / Intolerance to	Response	Details			
		Epi-Pen Carried:	Action Plan Completed:	Date of Last Reaction:	
Anaphylaxis	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		
		Reaction caused by:			
Drugs	<input type="radio"/> Yes <input type="radio"/> No				
Creams / Lotions	<input type="radio"/> Yes <input type="radio"/> No				
Foods	<input type="radio"/> Yes <input type="radio"/> No				
Other?	<input type="radio"/> Yes <input type="radio"/> No				

Dietary Requirements: In addition to food allergies, if your child has any other dietary requirements or restrictions, please mention below. i.e., vegan, no pork

Medication: Please provide details of any medication being taken including dosage, frequency etc. (Please ensure that all medications are in original packaging and are clearly marked with your child/ward's name and dosage instructions.)

Medication	Dosage	Frequency	Time of Day	Special Notes

Medical Requirements

Please ensure that you complete and return the additional medical and dietary information section of the consent form. This collects other important medical information necessary for camp that is not necessarily collected at enrolment.

- If your child requires any medication while on camp, please send this in a labelled Ziplock bag.
- Students are to give their medical to the designated medication officer *before* we depart for camp.
- Dietary requirements will be forwarded to PGL Kindilan Adventure Camp.

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