

STUDENT DETAILS		
Surname	Given Names	Date of Birth

STUDENT HEALTH INFORMATION

MEDICAL CONDITIONS:

Does the student have any medical condition or health problem? YES NO
 If you have answered "YES", please give details of the medical / health problem:

Are you aware of any medical emergency which could occur? YES NO
 If you have answered "YES", please give details:

Precautions to avoid emergency	
How to recognise emergency	
Emergency treatment required	

MEDICATION:

Does the student take any prescribed medication (including inhalers)? YES NO
 If you have answered "YES", please give details:

Medication Name	Dose	When taken	How taken	Any side affects

NOTE: Any medication needed during camp / activity should be handed to a teacher before departure, with written details of student's name, medication, dose etc.

Has the student received a complete course of Tetanus Toxioid immunisation? YES NO
 Check details with your doctor if uncertain. Date of last booster _____

MEDICARE / HEALTH FUND If the student is a member of any private medical benefit fund, give details:

Fund Name	Benefit Tables	Membership No.

AMBULANCE COVER:

If the student is covered by an ambulance subscription, give family subscription no.: _____