



# Irymple South Primary School

## Confidential Medical Report for School Camps Please complete and return by Friday 7th September

This report is intended to assist the school in case of any medical emergency with your child.  
All information is held in confidence.

**Camp to:** Grade 2 Excursion & Sleepover on the 13/09/2012 to 14/09/2012

**Child's Name:** \_\_\_\_\_

### Please tick if your child suffers from any of the following:

Bed Wetting	<input type="checkbox"/>	Fits of any type	<input type="checkbox"/>	Heart Condition	<input type="checkbox"/>
Dizzy Spells	<input type="checkbox"/>	Sleepwalking	<input type="checkbox"/>	Asthma	<input type="checkbox"/>
Blackouts	<input type="checkbox"/>	Migraine	<input type="checkbox"/>	Travel sickness	<input type="checkbox"/>

Other. \_\_\_\_\_

### Allergies to

Food	<input type="checkbox"/>	Medication	<input type="checkbox"/>	Bees	<input type="checkbox"/>
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Specify. \_\_\_\_\_

**What special care is recommended.** \_\_\_\_\_

### Tetanus Immunisation

Last tetanus immunisation was \_\_\_\_\_ If over ten years since last immunisation, please tick if booster is to be arranged by parents before the camp/excursion.

Booster date \_\_\_\_\_

### Medication

1: Is your child presently taking medication YES / NO \_\_\_\_\_

2: All medication must be handed to the teacher in charge prior to leaving, with your child's name, the dosage and time to be administered. Please do not allow children to be in possession of any medication while on the camp.

(Asthma excluded)

### Consent to Administering Panadol

I give permission for my child \_\_\_\_\_ to receive Panadol if in the opinion of the teacher in charge; such appropriate doses are deemed necessary for the child's well being.

### Previous experience

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

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**If your child has special dietary requirements please let the office know ASAP**

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