



Iona Presentation College

MEDICAL INFORMATION FORM

(To be completed by Parent/Guardian)

Name of Student:			
Name of Parent(s)/Guardian(s):			
Home Address:			
Telephone	Home:	Work:	Mobile:
Email:		Facsimile:	
Emergency Contact <i>Please note: This contact should be available at the time of the tour. If you plan to go on holidays elsewhere, please provide alternative contacts.</i>		Name:	
		Address:	
		Relationship to student:	
		Telephone numbers:	

Medicare Details

Medicare Number: ----- Expiry Date: ----- Private Medical Fund: Y / N

Name of Fund: ----- Membership Number: -----

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Please tick (✓) if your daughter suffers from any of the following:

		Please detail and outline treatment especially in the instance of an emergency. Alternatively, attach a doctor's letter to this document.
Anaphylactic shock		
Asthma		
Bedwetting		
Blackouts		
Diabetes		
Dizzy Spells		
Epilepsy		
Heart/Lung condition		
Migraine		
Sleep walking		
Travel sickness		
Other		

Please tick (✓) if your daughter suffers from any of the following allergies:

		Please detail and outline treatment.
Penicillin		

Particular foods		
Bee stings		
Animals		
Other		
Special Dietary Requirements: _____ _____		

Please tick (✓) if your daughter takes medication for any of the following:

Depression		
Period Pain		
Iron Deficiency		
Other		

Please specify the date of the last injection for:

Tetanus Immunisation: _____

Please specify any further information that may affect your daughter's participation on the tour.

I, _____ (please print full name)

Declare that the above information includes all details that may affect my daughter's participation, and that the above information is true to the best of my knowledge and belief.

Signed _____ Date _____

I, parent/guardian of _____ hereby give the necessary consent for my daughter to participate in all planned activities in the _____ and agree to delegate authority to _____ and _____ to take whatever disciplinary action deemed necessary to ensure the safety and well-being of all individuals in the group and the successful conduct of the tour.

Further, I authorise _____ and _____ to obtain medical assistance for my daughter should the need arise and agree to pay all medical expenses incurred in this regard. I submit the accompanying medical information about my daughter and agree to authorize qualified medical practitioners to administer anaesthetic should the need arise.

Name: _____

Signed: _____ Date: _____

Information to be retained by teacher(s) accompanying Tour group

Confidential Medical Treatment Record

..... Camp 2011

..... Camp Coordinator

Please check Student Medical Forms before administering treatment

Date	Time	Student	Details of treatment or progress	Person administering treatment

At the completion of Camp please forward this form to the Health Centre.