



## MEDICAL INFORMATION

**STUDENT'S / ADULT'S FULL NAME** .....

Is there any medical or psychological reason to prevent your child from participating in any of the activities outlined in the Information Sheet?    **YES**    **NO**                      If YES, give details below: -


If medication is required, please indicate dose and application.

Medical Condition	Medication	Dosage	When to be taken

**PARACETAMOL** eg. Panadol (at the rate of 500mg per tablet) may be administered.                      **YES**    **NO**

**Number** .....    **Frequency** .....    (e.g. How many per four hours?)

### MEDICAL INFORMATION

<b>YOUR DOCTOR</b>		<b>PHONE NUMBER</b>	
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**MEDICARE No.** .....    **Expiry** ...../...../.....                      **AMBULANCE COVER**                      **YES**    **NO**

### DETAILS

Does your child suffer from any of the following?

a) Immunization up to date?	Yes	No	j) Asthma	Yes	No
b) Sugar Diabetes	Yes	No	k) Other Respiratory Problems	Yes	No
c) Drug Allergies e.g. Penicillin	Yes	No	l) Heart Problems	Yes	No
d) Anaesthetic (Local/General) Allergies	Yes	No	m) Phobias	Yes	No
e) Other Allergies	Yes	No	n) Drug Required	Yes	No
f) Travel Sickness	Yes	No	o) Special Dietary Requirements	Yes	No
g) Blood Pressure	Yes	No	p) Recent Illness/Injury/Operation	Yes	No
h) Bed-wetting	Yes	No	q) Other	Yes	No
i) Epilepsy	Yes	No			

If YES, give details:-

f) <b>TRAVEL SICKNESS MEDICATION</b> Product Name .....                 (at the rate of .....mg per tablet) may be administered. <b>YES</b> <b>NO</b> <b>Number</b> ..... <b>Frequency</b> .....    (e.g. How many per four hours?)

**Date of Last Tetanus :**    ..... / ..... / .....

**EMERGENCY CONTACT NUMBERS**

<b>CONTACT (1) NEXT OF KIN/GUARDIAN</b>	<b>CONTACT (2)</b>
<b>Name:</b>	<b>Name:</b>
Phone:	Phone:
Address:	Address:
QLD	QLD

Do you have private health cover?    **YES**    **NO**

Name of Provider: .....