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**MEDICAL FORM – PRIVATE AND CONFIDENTIAL**

**Dear Visiting Teachers**

An experienced first aid and student wellbeing officer is employed at Woorabinda. Our nurse cares for all health and welfare needs of children and visiting teachers. Information provided on this form will help our nurse care for you in case of emergency.

Name of School:.....

Name:.....

Date of Birth:..... Male/Female

Address:.....

Phone Home:..... Work.....Mobile.....

**Emergency Contact**

Name.....

Relationship to teacher.....

Address.....

Phone: Home..... Work.....Mobile.....

**Your Doctors Details**

Name

Address.....

Phone: .....

**Medicare No.....Medicare Card Expiry Date.....**

**Medical information:**

Do you have any medical condition or take any medications that you would like our nurse to be aware of during your stay at Woorabinda.

Condition or medications (attach extra details if necessary)

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In case of an emergency are there any medications that you are allergic to:

No / Yes

If yes please provide further information:

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When did you have your last tetanus injection (year) \_\_\_\_\_

If you cannot remember please state "unsure".

**Dietary Requirements:**

Please tick any of the following dietary needs:

- Vegetarian    Vegan    Halal    Gluten free    Eggs    Coeliac    Nuts
- No pork, ham or bacon    Lactose intolerant    Fructose intolerant
- Food allergy    Anaphylaxis

If you have any other requirements which are not listed above or further explanation please include in space below. These may include any cultural or religious requirements.

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If you feel that you have complex dietary requirements and would like to discuss it with the cook please circle yes and our cook will phone you prior to you attending Woorabinda.

No / Yes

**Signed:**..... **Date:**.....

