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## MEDICAL FORM – PRIVATE AND CONFIDENTIAL

### Dear Parent or Guardian

An experienced first aid and student wellbeing officer is employed at Woorabinda. Our nurse cares for all health and welfare needs of the children, this includes the administration of all medications.

School:..... Grade.....

Child's Name:.....

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

Address:.....

Parent/Guardian's Name.....

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

### **Emergency Contact**

Name.....

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

Relationship to child.....

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

### **Medications:**

All medications **MUST** be handed in to the nurse upon arrival at Woorabinda. Medications include prescription, over the counter, creams, sprays and drops. Please only pack enough medications for the 5 day period.

**Please ensure that all prescription medication delivered to Woorabinda:**

Is in the original package.

Has a pharmacy label with the child's name, dose and frequency.

Any prescription medication that is not in original package or does not have pharmacy label will **Not** be administered.

I give permission for the Woorabinda nurse to administer my child's medications.

**Signed:.....(Parent/Guardian) Date.....**

## Medical Information:

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

- Bed Wetting    Fits of Any Type    Heart Condition    Diabetes    Migraine  
 Dizzy Spells    Sleep walking    Blackouts    Travel Sickness    Asthma  
 Anaphylaxis (For Anaphylaxis include management plan with forms).

If your child has any other medical condition which is not listed or further explanation is required please include in space below.

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In case of an emergency is your child's allergic to any medication:

No / Yes

If yes please provide further information:

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When did your child have their 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 your child has any other requirements which are not listed above or further explanation is required please include in space below. These may include any cultural or religious requirements.

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

No / Yes

**All medical forms must be returned to your child's school for collection by the school contact.**