

**Personal Information**

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| --- | --- |
| School:  |  |
| **Student Name:** |  |
| Address: |  |
| Date of Birth: |  | Gender: |  |
| Medicare number: |  | Ref #: |  | Expiry Date: |  |
| **Parent/Guardian Name:** |  |
| Telephone: | (Daytime) | (After Hours) |
| Email: |  |
| **Secondary contact person** |  |
| Telephone: | (Daytime) | (After Hours) |

**Student Health & Medical Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Dietary Requirements** *Food Not to be Eaten & reason* | Anaphylaxis (touch) | Anaphylaxis (Ingestion) | Severe Reaction or Intolerance | Mild Reaction or Intolerance | Religious or Cultural |
|  | \* | \* |  \* |  |  |
|  | \* | \* |  \* |  |  |
|  | \* | \* |  \* |  |  |
| **\****If you indicate yes to Anaphylaxis or severe reaction or intolerance, please provide more information:* ***Anaphylaxis Action Plan or Allergic Reaction Action Plan*** |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **YES** | **NO** | **Details** |
| Allergies *(medication/other* ***– not including anaphylaxis)*** |  |  |  |
| Recent operation or illness |  |  |  |
| **My student has the following specialised health needs and I have completed and attached an *Emergency Health Management Plan*** |
| Asthma/other respiratory  |  |  | *If yes Please complete Asthma Action Plan* |
| Anaphylaxis |  |  | *If yes Please complete Anaphylaxis Action Plan* |
| Heart conditions |  |  | *If yes Please complete Medical Management Form* |
| Epilepsy/seizures |  |  | *If yes Please complete Epilepsy Management Plan* |
| Diabetes |  |  | *If yes Please complete Diabetes Management Plan* |
| Disability |  |  |  |
| Other |  |  |  |

|  |  |  |
| --- | --- | --- |
| My student will be accessing medicine whilst on camp | **YES** | **NO** |

**Administration of medicines on camp**

All personal medication including over the counter medications to be accessed by a student whilst on camp requires records to be held by the student’s base school. Please ensure that you have advised the school of any medication your student will self-administer (including over the counter medications) and completed the appropriate record sheet/s and provided it to the school. Kinchant OEC will work with your school to assist safe administration practices but WILL NOT be responsible for the administration of any medication outside of the requirements of emergency first aid response.