

MEDICAL DETAILS and OTHER INFORMATION
COOBA SPORT & EDUCATION CENTRE

CHILD'S CHRISTIAN NAMES: SURNAME:

ADDRESS:P/C

TELEPHONE: (Home) (Bus.) (Mobile)

PARENT/GUARDIAN NAME IN FULL (Block Letters)

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MEDICAL INFORMATION - IMPORTANT - PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Does your child suffer from any medical condition? (Asthma, diabetes, epilepsy, etc.).
Please note any details of the medical management program that the teacher may need
to be aware. (Please use back if more room needed)

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2. Give details of any medication your child is currently taking together with the dispensing
routine. Medication brought to camp should have the child's name, dosage and dosage
times clearly marked. Only medication in the child's name will be administered. (Please use
back if more room needed)

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3. Give details of any allergy your child has to common foods, plants, insect bites, medications
(e.g. penicillin) etc.

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4. In what year was your child last immunised against tetanus?

Medicare No. Private Health Fund No.

5. Special Diet - If your child requires a SPECIAL DIET please indicate (Do NOT include child's
likes & dislikes)

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