Somerville Intermediate School
Student Medical / Health Form

Child's name: _____ D.O.B. _____

Child's classroom teacher: _____

Address of parent/guardian (while on camp)

_____

_____

Telephone: Home _____ Mobile _____ Work _____

In the event of an accident or illness, I authorise the obtaining of such medical assistance as may be required. I agree that he/she should take part in such activities and necessary duties as may be required by the staff.

Water safety (to assist in identifying non / weak swimmers) Child's Medical Alert Number if applicable
I would classify my child as:- (please tick one box) ( )

Non-swimmer - not confident in water, unable to swim at all. ☐
Weak swimmer - able to float but not able to swim confidently for more than 10 metres. ☐
Swimmer - able to swim confidently for up to 50 metres. ☐
Strong swimmer - able to swim confidently for over 100 metres. ☐

To the best of my knowledge he/she has not been in contact with any infectious disease for the last four weeks and has no disability nor is suffering from any complaint likely to prove detrimental to him/herself or others while on camp.

Please circle anything in this list from which your child suffers and give the classroom teacher any necessary information. This will remain confidential and we hope it will enable each child to attend camp rather than stay away because of uncertainty or embarrassment. This information may be given under separate cover if you so desire, or you may wish to discuss with your child's class teacher.

Asthma Bed-wetting Allergies Sinus trouble Nose bleeds Sleepwalking

Does your child have any 'negative reactions' to any medication? Yes / No
(Please comment below if yes)

Recent medical care; current ailment, medication being sent on trip and dosage, any food allergies or specific foods not allowed due to religious observations - please note below.

_____

_____

_____

My child's Tetanus prevention is current Yes / No
(The most recent should have been the booster at 11 years either at school or from your GP)

Signed _____ **Parent / Guardian** **Date** _____

Child's room number _____