

Somerville Intermediate School



Student Medical / Health Form

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

Child's classroom teacher: _____

Name & Address of parent/guardian (while on camp) Name _____

_____ 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.

Child's Medical Alert Number if applicable (_____)

Water safety I would classify my child as:- (please highlight one option)

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.

Medical and Food Details

Please circle anything in this list from which your child suffers as well as any specific dietary requirements they may have. (This will remain confidential and we hope it will enable each child to attend camp rather than stay away because of uncertainty or embarrassment. Alternatively, you can email your child's teacher with confidential information.) *Please include all important medical/dietary information.*

Asthma Bed-wetting Allergies Sinus trouble Nose bleeds Sleepwalking Other

Medical

Food

Details of any recent medical care: current ailment, medication being sent on trip and dosage

Details of any food allergies or specific foods not allowed due to religious observations.

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

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

Signed _____ Parent / Guardian Date _____

Child's room number _____