



Medical Information Form – Great Aussie Bush Camp

Dear Parents and Carers

In preparation for the Stage 3 Great Aussie Bush camp, please complete the form below providing updated emergency contact information and any medical conditions, including allergies and dietary requirements.

Provision of this information will significantly assist the school in planning a safer educational activity and will be stored securely. If you have any concerns about the information provided, please contact the school Principal to discuss it further. You may update any personal information provided at any time by contacting the school office.

Name of Student: _____ Class: _____

Medicare number: _____ Ref number: _____

Parent or caregiver contact details

Name or Parent/Carer: _____

Address: _____

Home Phone: _____ Mobile: _____

Doctor's contact details

Name: _____ Phone Number: _____

Address: _____

Emergency contact details (nominated by the parent or carer as alternative contact)

Name: _____ Mobile phone: _____

Name: _____ Mobile phone: _____

Existing medical conditions or illnesses (including asthma, diabetes, epilepsy, allergies etc.)

Outline treatment for each.

Special dietary requirements: _____

Medication(s) to be administered during the excursion. Include name of medication, instructions for administration (from a medical practitioner) and time of administration

Water-based activities information

How far can your child swim?

- Non swimmer
- Less than 25m
- 25m – 50m
- 50m – 100m
- 100+m

I give permission for my child to participate in water activities at the Great Aussie Bush Camp (please tick)

Signature of parent

Date