

**SHALOM COLLEGE OUTDOOR
& ENVIRONMENT CENTRE
MEDICAL AND PERMISSION FORM**

I give permission for my son/ daughter _____
(please print name)

to attend the **Year 8** 2018 at Chaverim.

Please complete the following. Include any special medical problems your son/ daughter may have (e.g. Asthma, Allergies, Epilepsy, Migraine, Bone or Blood disorder)

Medical Condition _____

Current Medication (include dose and application. Also include any non-prescription, over the counter medications) _____

Special Dietary Requirements (e.g. vegetarian, gluten free, allergies, religious convictions) _____

My son/ daughter is allowed to take 'Paracetamol' / 'Panadol' YES / NO

My son/ daughter has had the following **Anti-Tetanus Treatment:**

Initial Injection	Date	Tetanus Booster	Date
YES/ NO	_____	YES/ NO	_____

My son/ daughter can swim (please tick)

Not at all _____ 20m _____ 50m _____ 100 plus _____

Are they allowed to? Yes / No

My son's/ daughter's family Doctor is: _____
Address: _____

Telephone Number: _____

Medicare Number: _____

If in a Private Hospital Fund: Name: _____ Number: _____

In case of an emergency when I cannot be contacted, I grant the Teacher – in – charge of the Camp authority to seek any necessary medical assistance, to permit any emergency surgical, operative and medical treatment to be carried out and to permit the authorisation of a general anaesthetic if he / she thinks it advisable and necessary after consulting the appropriate medical authorities.

Signature of Parent or Guardian _____ Date _____

Name of Parent or Guardian (please print) _____

Address: _____
_____ Postcode _____

Phone numbers for emergency contact: _____ (Home)

_____ (Business)

NOTE: THIS FORM MUST BE SIGNED AND RETURNED TO YOUR Core Studies B TEACHER by Friday 4 May.