

**Somerville Intermediate School
Student Medical / Health Form**



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

Child's classroom teacher: _____

Address of parent/guardian (while on EOTC 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.

Child's **Medical Alert** Number if applicable _____

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

Non-swimmer - not confident in the 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:

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. Alternatively, you can email your child's teacher with confidential information.)

Asthma Bed-wetting Allergies Sinus trouble Nose bleeds Sleepwalking

Medical

Food

<p>Details of any recent medical care; current ailment, medication being sent on trip and dosage</p>	<p>Details of any food allergies or specific foods not allowed due to religious observations</p>
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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 should have been the booster at 11 years either at school or from your GP)

Signed _____ Parent / Guardian Date _____

Child's room number _____