

WAIHEKE CYCLE TOUR

CONFIDENTIAL MEDICAL/HEALTH INFORMATION

Student's Name: _____ Room No: _____

This report is to assist us in the case of any eventuality with your son/ daughter.
All information is held in confidence.

We ask parents/caregivers to note the following requests:

Is your child presently taking any medication? YES / NO
If yes, please state the name of the medication and the dosage

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Does your child suffer from Asthma?				YES / NO
Does your child suffer from Hay fever?				YES / NO
Allergies to: Penicillin	Any Foods	Drugs	Stings	

Please specify:.....

What special care is recommended?

Any Special Dietary Requirements YES / NO

Please specify:.....

Last tetanus immunisation was
(Please note the Yr 7 Immunisations included tetanus)

May your child be given Panadol for pain? YES / NO

I authorise the teacher in charge of the camp to seek medical advice for my child should the need arise.

Signed: _____ Date: _____