

TRENTINO YOUTH CAMP
Parental Consent Form / Confidential Medical Report

Please complete a separate form for each child

This report is intended to assist the camp organisers in case of any medical emergency with your child.
 All information is held in confidence.

Child's Name..... Date of Birth...../...../.....
 Parent's Full Name.....
 Address.....
 Post Code.....
 Telephone BH..... AH..... Mobile.....
 Name of Family Doctor..... Telephone No.....
 Medicare Number.....
 Private Medical / Hospital Insurance YES / NO Membership No.....
 Ambulance Cover YES / NO Membership No.....

Please circle if your child suffers any of the following:

Bedwetting Fits of any type Heart Condition Dizzy Spells
 Travel Sickness Sleep Walking Asthma Blackouts
 Migraine Other.....

Allergies to:

Penicillin Any Foods Other Medications
 Other Allergies.....

What special care is recommended:.....

Special Dietary Requirements:.....

TETANUS IMMUNISATION

Last tetanus immunisation was.....
 If over 10 years since last immunisation please tick if booster is to be arranged by parents before the
 camp [] Booster Date...../...../.....

TABLETS & MEDICINE

Is your child presently taking medication and / or tablets YES / NO
 If yes, please state the name of the medication, dosage etc.....

**All medication must be handed to Julie Newlands on Arrival at the camp. All medication should be
 labelled with the Child's name, the dose to be taken and when it should be taken. The child should not
 be in possession of any medication whilst on camp.**

PREVIOUS EXPERIENCE

Is this the first time your child has been away from home? YES / NO

CONSENT TO MEDICAL ATTENTION

**I authorise the adult responsible of the camp to consent, where it is impracticable to communicate with
 me, to the child receiving such medical or surgical treatment as may be deemed necessary.**

Parent/Legal Guardian Signature..... Date...../...../.....