

MURRAYS BAY SCHOOL
Year 3 Sleepover
Health Information Sheet

Child's Name _____ Child's Room: _____

Home Contact Details

Home Address: _____

Contact Numbers: _____

Emergency Contact Details

Name: _____

Address: _____

Contact Numbers: _____

Doctor's Contact Details

Name: _____

Address: _____

Contact Number: _____

1. Is your child's tetanus inoculation current? YES / NO
2. Can your child swim a length of a public swimming pool without putting feet touching on the bottom?
YES / NO
3. Is your child confident in deep water? YES / NO
Does your child have any particular dietary needs? YES / NO

If YES, please give details:

5. Has your child had contact with any contagious diseases that we should be aware of? If yes, please give details:

If there are any changes to these medical details at any time, please inform the office ASAP.

6. Is your child currently taking medication? **If yes, please give detail:**

Name of medication: _____

Time to be taken: _____

Dosage: _____

Medication for camp will need to be clearly labelled with Name, Dosage, Times and in a container/zip lock bag please. This needs to be given to the Teacher in Charge at drop off.

7. Is your child allergic to any of the following:

- Any Medication? YES / NO
- Any Food? YES / NO
- Bee/Wasp Stings? YES / NO
- Anything else: YES / NO

If yes, give details:

8. Does your child have any history of:

- Asthma YES / NO
- Diabetes YES / NO
- Sight/Hearing Impediment YES / NO
- Injury/Illness YES / NO
- Bed Wetting YES / NO
- Other YES / NO

If yes, give details:

9. Is there anything else we should know about you that will effect your child's participation, or others, or would adversely effect the health and well being of other people at camp? **If yes, please give detail:**

10. I understand that normal school rules apply during the camp for my child.

11. I give authority and responsibility to the Murrays Bay School staff in the event of illness or accident, and I authorise any medical assistance and treatment as necessary.

Signature of: _____

Date: _____

Please return to the school office as soon as possible.