

FORM B

VISITING STAFF MEDICAL CONSENT NOTE

School **Male or Female**
 Given Name Surname Date of Birth.....
 Home Address..... Post Code.....
 Home Phone..... Work / Mobile Phone
 EQ Email Address Details of Medical Cover (MBF etc).....
 Pension Concession Details..... Expiry Date.....

Please fill out all Medicare information below.



1. Medicare No.
.....
2. Person attending
camp no.
.....
3. Medicare Exp Date
.....

Tetanus Booster	YES / NO	Last Year Given:-	Epilepsy	YES / NO	
Measles Vaccination	YES / NO		Phobias	YES / NO	
Asthma	YES / NO		Heart Problems	YES / NO	
Sinus, Hay fever	YES / NO		Injections, and when given	YES / NO	
Other respiratory problems	YES / NO		Recent operations, illness, injury	YES / NO	
Food Allergies (eg peanuts, lactose)	YES / NO		Physical Disabilities	YES / NO	
Medical Allergies (eg penicillin, analgesics)	YES / NO		Other	YES / NO	
Any Special Dietary Requirements	YES / NO	Details-			

Authorisation for Qualified Practitioners to administer: (please circle) **ANAESTHETIC** (YES / NO) **BLOOD TRANSFUSION** (YES / NO)

Emergency Contact- Ph-

*I have read the **information for teachers** and I am aware of my responsibilities whilst on camp: **Signature** **Date***