

Scotch College Cadets - Medical Details

Please complete and return to Pru Adams, Administrative Assistant to the Director of Service and Citizenship via email Pru.Adams@scotch.wa.edu.au

Tour Details:

<i>Personal Contact Details of Student:</i>	
Surname:	House:
Given Names:	
Address:	
Home Telephone:	Mobile Number:

<i>Name, Address and Telephone Number of next of kin during the week if different from above:</i>	
Name:	
Address:	
Home Telephone:	Mobile Number:

<i>List any allergies the student has:</i>
--

<i>Indicate any medication that the student may carry: (All medication is to be clearly labelled with your son's name and the dosage and handed to a staff member before the departure).</i>				
Medication	Dosage	Frequency	Reason	Special storage conditions

<i>Give details of any past or present medical conditions that should be known to any first aider or hospital in the event of any medical attention being required. Please also give details of any medications the student may be taking:</i>
--

<i>Give Name and Table details of Private Hospital / Medical Benefit Fund (if applicable):</i>	
Name of Fund:	
Table:	Medicare Number:

In the event of an accident or illness, the School will take the necessary medical action and at the same time make reasonable effort to notify the next of kin.	
I agree to my son attending the Cadets Camp.	
Please print surname:	Signature:
Dated:	