

2017 MUSIC CAMP

PERMISSION FORM & MEDICAL INFORMATION

To be completed and returned to the front office with Camp Fees by Monday 27th February 2017.

STUDENT NAME: _____ **DATE OF BIRTH:** _____

ADDRESS: _____

MOTHER'S NAME _____ **BEST CONTACT NOs:** _____

FATHER'S NAME _____ **BEST CONTACT NOs:** _____

EMERGENCY CONTACT NAME: _____ **NUMBER:** _____

PARENT'S STATEMENT

I hereby give permission for my son / daughter to attend the St Joseph's College Music Camp from **Friday 17th March – Monday 20th March 2017** at Alexandra Park Conference Centre.

Parent/Guardian Signature: _____ Date: _____

IN CASE OF EMERGENCY PLEASE SEND STUDENT TO:

DOCTOR GENERAL HOSPITAL PRIVATE HOSPITAL

HEALTH COVER? MBF MEDIBANK OTHER Please specify: _____

BLOOD GROUP: _____ **MEDICARE NUMBER:** _____

DOCTOR'S NAME: _____ **PHONE:** _____

CONDITION	RESPONSE	CONDITION	RESPONSE
Heart Problems	YES / NO	Medication Required	YES / NO
Respiratory Problems (eg. asthma)	YES / NO	Drug Reactions	YES / NO
Allergies (eg. bees)	YES / NO	Epilepsy	YES / NO
Back, bone or joint problems	YES / NO	Disability	YES / NO
Blood Pressure	YES / NO	Recent Illness	YES / NO
Date of Last Tetanus Injection		Date of Hepatitis B Injection	
DETAILS: If YES is circled then please provide an explanation or attach additional information.			

Special Dietary Requirements			
Diet	Category	Comment	Client Provides
Vegetarian	A	No meat, no fish	
Vegan	B	No animal products	
Diabetic	C	Low GI diet	
Coeliac	D	No grains except rice and maize	
Lactose intolerant	E	No milk or dairy products	
Wheat free and lactose	F	No milk, dairy products, no wheat or wheat	Own milk
Coeliac and lactose	G	No milk, no dairy products, no grain or grain	Own milk & bread