

POWER OF WON EMERGENCY INFORMATION FORM

STUDENT INFORMATION

This report is compiled to assist me in case of any eventuality with the student. This form will accompany me on the sleepover and should be as up-to-date as possible. In strict accordance with the "Commonwealth Privacy Act" all information is held in confidence and these forms will be destroyed at the conclusion of the November 13th & 14th 2009 Power of Won Karate Sleepover.

Does the below named student / Do you, need to have tablets and/or medicine during the sleepover?
Yes / No

If Yes, please state medication, dosage etc. (You may wish to provide additional documentation)

All medicines must be handed to Michael or Michelle Caruana prior to the commencement of the evening. This should have the student's name, the dose to be taken and when it should be taken clearly marked on the bottle or packaging. (These will be kept with the First Aid and distributed as required)

PLEASE DO NOT ALLOW STUDENTS UNDER 18y.o. TO BE IN POSSESSION OF MEDICINE WHILST ON THE SLEEPOVER – EXCEPTION: VENTOLIN – (Ventolin type inhalers should remain with student at all times)

Student's name: _____ Date of Birth: _____

Address of Residence: _____

Name of Parent or Guardian (Required if student is under 18years) _____

Signature _____ Date _____

Contact No During the Day: _____ Contact No After 5p.m. _____

Mobile No _____

Name of Family Doctor (If applicable): _____ Ph No: _____

Medicare No: _____

PLEASE CIRCLE IF YOU OR YOUR CHILD SUFFER ANY OF THE FOLLOWING:

Dizzy spells Fits of any type Heart condition Sleepwalking Nightmares Blackouts

Migraine Travel Sickness Asthma

Other: _____

I give permission for my child (If under 18y.o.) to have Panadol if deemed necessary: Yes / No

ALLERGIES TO:

Penicillin Any Foods Drugs Bites Others: _____

Please comment: _____

What special care is recommended: _____

Last tetanus immunisation was: _____ Please inform Michael or Michelle Caruana of any dietary needs needed to be catered for the sleepover: _____
