**IMPAKCT 2020 MEDICAL MANAGEMENT PLAN**

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| **Student First Name:** | **Student Last Name:** |

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| --- | --- | --- | --- | --- | --- |
| **Date of Birth** |  | **Grade** |  | **Gender** |  |

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| **Allergies** | **Allergen** | **Type of exposure & reaction** | **Management** |
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| **Medical conditions**  (please describe any medical conditions including mental and physical concerns, and provide a management plan) |  |

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| **Medication\***  (please provide the details of any regular or as-needed medication your child currently takes)  *\*please note that for the safety of all children on camp, all medications (other than emergency medications) will remain with the relevant House Parent or First Aid Team for the duration of camp*  *\*please see the First Aid Team at Registration if your child is bringing any medication to camp* | **Medication name** | **Dose required** | **Time taken** | **Other details** |
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| Outline anything else you think is important for us to know to enable us to best care for your child on camp |  |

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| **Primary emergency contact** | **Name** | **Contact Number** | **Relationship to student** |
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| **Regular GP or other relevant specialist/s** | **Name** | **Contact Number** | **Details** |
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