Health Care Plan for GPC Kids Holiday Club 2024

Child's Name: _____ Date of Birth: ___/___/_____

Grade/Year: _____ **Group:** _____

Parent's / Guardian Names and contact numbers:

Name: _____ Phone: _____

Name: _____ Phone: _____

Who, other than the parents/ guardians can pick up or take your child to medical treatment:

Name: _____ Phone: _____

Details of medical Condition/allergy *(Please underline all and any condition, severity level, and any other relevant information):*

Condition: _____

_____

Symptoms: _____

Known triggers: _____

Parent/guardian will provide: *(list anything that will be provided for prevent and/or treating condition- e.g. epi-pen, puffer/spacer, other medication, own food etc.)*

If applicable - Have you provided a copy of your child's asthma/ anaphylaxis plan?
( ) YES ( ) NO *(If no, please outline actions to be taken if your child experiences an allergic reaction or becomes unwell)*

Any further health information: *(anything you think may be relevant to us)*

( ) Yes, I grant permission to 1st Aid agent from Gymea Peoples Church, to treat my child for any **minor incidents**.

Name of person that filled this form: _____

Signed: _____ **Date**: _____/_____/_____