

Kids Exercise Holiday Program

Medical details form for children with diagnosed medical problems

MEDICAL INFORMATION FOR _____

Name of Medical Problem: _____

Address: _____

Age: _____ Date of Birth: _____

Parents name		Doctors name	
Home phone		Doctors telephone	
Work phone		Medicare no:	
Mobile phone		No on medicare card	

Known Allergies	List
Signs of mild/manageable symptoms	Action to take
Signs of severe symptoms requiring medical help/hospitalisation.	Action to take whilst medical help on its way.
In the past has your child required hospitalization for these problems	YES ? NO If Yes, how often: When was the last admission?

As the parent / guardian could you please provide the above confidential information so we can assist your child if it is required for the particular problems your child suffers from.

Kids Exercise Holiday Program

Medical details form for children with diagnosed medical problems

Parent/guardian signature

Date: _____