



EXCURSION CONTACT AND MEDICAL INFORMATION

STRICTLY CONFIDENTIAL

This information, that is required for each student participating on excursions, will assist the school and the supervising teachers in the preparation and planning of an excursion.

STUDENT DETAILS

Student's name: _____ Date of Birth: ___/___/___ Room: _____

Address: _____

Parent/guardian's full name: _____

Telephone no – Home: _____ Work: _____ Mobile: _____

Alternative Contact – Name: _____ Relationship to Student: _____

Telephone no – Home: _____ Work: _____ Mobile: _____

Name of family doctor: _____ Telephone no: _____

Medical Centre: _____

Permission is given to seek medical attention for my child, as required, from the above centre. YES NO

Do you have ambulance cover? YES NO

If there is a medical emergency parents/caregivers are expected to meet the cost of the ambulance.

MEDICAL DETAILS

Does your child suffer from asthma, seizures, epilepsy, diabetes or any other medical condition that may affect his or her safety during the excursion? YES NO

If 'yes', please give details: _____

Is your child allergic to:

Penicillin YES NO _____

Any other drug YES NO _____

Any food YES NO _____

Other YES NO _____

Date of last tetanus vaccination: _____

Medication

Parents/guardians are requested to make arrangements with the teacher-in-charge for the safekeeping and handling of prescribed medications prior to the excursion.

Is your child presently taking tablets and/or other forms of prescribed medication? YES NO

If 'yes', state the name of the medication, dosage and frequency of use: _____

Does your child self-administer the medication? YES NO

Does your child have a current Health Care Authorisation Plan at the school? YES NO UNSURE

Other Information:

Please provide any other information about your child which will enable the organisers of the excursion to provide better care for your child. _____

Parent Guardian Signature: _____ Date: ___/___/___