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MEDICAL INFORMATION FORM

to be completed for excursions

Dear Parents and Carers,

Before heading to Bathurst/Goldfields we need all relevant information relating to any medical information/allergies your child may have. We want to ensure all health and safety requirements are met. Please complete the following information/questions and return to your class teacher.

Student Name: **D.O.B**

Contact Phone Numbers:

Home: **Mobile:**

Emergency Contact (relationship to child)

Name: **Contact Number/s**

Medicare Number:

Private Health Care Fund:

Family Doctor: **Phone:**

Medication Details (please complete if your child will need medication during the excursion period)

Medical condition

Type of Medication/Name

Dosage: morning day night

Any other medical conditions (including asthma)

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Allergies

My child has an allergy to:

Penicillin Y/N

Insect Sting Y/N (type)

Peanuts Y/N

Other nuts Y/N

Shellfish Y/N

Latex Y/N

Other foods: (please specify)

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My child has been hospitalised with a severe allergic reaction. Y/N

If yes, when and why

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Does your child have any particular fears? Eg dogs, storms etc.

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Are there any other details we need to know about your child?

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I give permission for my child to receive medical treatment in case of emergency.

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I do not give permission for my child to receive medical treatment in case of emergency.

Name of parent completing form

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Signed (parent/carer)

Date

