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MEDICAL INFORMATION FORM

to be completed for excursions/out-of-school activities

Dear Parents and Carers,

Please complete the following information/questions and return to your child's class teacher.

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

Home Address:.....

Phone Numbers: Home: **Mobile:**

***Emergency Contact & Relationship to child**.....

Contact Numbers: Home **Work**..... **Mobile**.....

****Emergency Contact & Relationship to child**.....

Contact Numbers: Home **Work**..... **Mobile**.....

*****Emergency Contact & Relationship to child**.....

Contact Numbers: Home **Work**..... **Mobile**.....

Medicare Number: **Family Doctor:**

Doctor's Address: **Phone:**.....

Private Health Care Fund/Member number:

MEDICAL CONDITIONS *(Does your child have any medical conditions, including asthma?)*

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.....

IMMUNISATION: Has your child had a complete Tetanus immunisation? **Yes** **No** Date:

TABLETS AND MEDICINES:

Is your child taking any tablets, medicine and/or herbal medication? **Yes** **No**

Name of Medication/s

.....

MEDICATION DETAILS (please complete if your child will require medication during the excursion period)

*Medical condition

Type of Medication/Name

Dosage: morning day night

**Medical condition

Type of Medication/Name

Dosage: morning day night

ALLERGIES (Drugs, Bites/Stings, eg. Bees, Food, Other)

My child has an allergy to:

Penicillin Y/N Insect Sting Y/N (type) Shellfish Y/N

Peanuts Y/N Other nuts Y/N Latex Y/N

Other (please specify)

My child has been hospitalised with a severe allergic reaction. **Yes No**

If **yes**, when and why?

Special Dietary Requirements (for medical reasons)

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Are there any other details we need to know about your child? eg. travel sickness, bedwetting (overnight excursions), nose bleeds, fears of certain situations (darkness, storms, dogs, etc)

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**In the event of an accident or illness, all efforts will be made to contact parents/guardians or emergency contacts listed above to liaise and seek direction for required medical treatment. In the case of an emergency, where it is impracticable or impossible to communicate with me, I understand the teacher in charge will liaise with medical professionals to seek appropriate medical or surgical treatment as may be deemed necessary to assist my child.*

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

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

I give permission for my child to have paracetamol and /or travel sickness medication, as per the recommended dosage labelled on the medication, if required while on the excursion.

*****If my child requires prescription or non-prescription medication, I agree to provide the school with this medication clearly labelled with my child's name and dosage, together with any written instructions that may have been provided by my child's doctor.***

Name of person completing form

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Signed (Parent/Guardian/Carer)

Date