



CONFIDENTIAL

EXCURSIONS—STUDENT HEALTH FORM

This confidential report is intended to assist the school and supervising teachers in case of any emergency with your child.

Student's Name: _____ Date of Birth: _____

Parent's/Guardian's full name: _____

Address: _____

Post Code: _____

Emergency Telephone:- Home: _____ Work: _____

Mobile: _____

Name of Family Doctor: _____ Phone: _____

Medicare Number: _____

Medical /Hospital Insurance: _____ Contribution No.: _____

Is your child subject to seizures, fainting, epilepsy, diabetes or any other condition that may affect his or her safety during the excursion

If 'YES', please give

No

☐

Yes

☐

details _____

Is your child allergic to: (Please provide details)

Penicillin - _____

Any other drug - _____

Any Foods - _____

Other Allergies - _____

Date of last tetanus vaccination: _____

Tablets & Medicines: Is your child presently taking tablets and/or medicine? YES / NO

If YES, please state name of medicine and dosage: _____

Arrangements for safe-keeping and handling of medicines are to be made prior to the excursion.

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

Consent to Medical Attention: Where it is not practical to communicate with me, I authorise the teacher in charge of the excursion to consent to my child receiving such medical treatment as may be considered necessary.

Signed (Parent/Guardian): _____ Date: _____

This signed consent is required for all children attending school camps and extended educational excursions.