

# MEDICAL REPORT FOR EDUCATION EXCURSIONS



## STRICTLY CONFIDENTIAL

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

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent's/Guardian full name \_\_\_\_\_

Home Address \_\_\_\_\_

Emergency telephone After hours \_\_\_\_\_ Business hours \_\_\_\_\_

Name of family doctor \_\_\_\_\_ Telephone \_\_\_\_\_

Medicare Number \_\_\_\_\_

Medical / Hospital insurance \_\_\_\_\_ Contribution No \_\_\_\_\_

**Please tick if your child suffers from any of the following:** (please provide information)

Heart Conditions	<input type="checkbox"/>	Travel sickness	<input type="checkbox"/>	Dizzy Spells	<input type="checkbox"/>
Migraine	<input type="checkbox"/>	Black outs	<input type="checkbox"/>	Asthma	<input type="checkbox"/>
Fits of any type	<input type="checkbox"/>	Other	<input type="checkbox"/>		

**Allergies to:**  Pencillin  
 Other drugs (please provide adequate information)  
 Any Food  
 Other allergies

**What special care is recommend?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Tetanus Vaccination

Last vaccination was on \_\_\_\_\_. If over 10 years since last vaccination, please tick if booster is to be arranged by parent / guardian before excursion . **Booster date** \_\_\_\_\_ (Tablets and medicines)

### 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 and/or other forms of prescribed medication? YES  NO   
Does your child self-administer the medication? YES  NO

If YES, please state name of medication, dosage and frequency of use:

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

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

### 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. I am also aware the Education Department insurance does not cover personal accidents through misadventure, nor loss or damage of personal belongings.

Signed \_\_\_\_\_ (parent/guardian)

Date \_\_\_\_\_

**Important: If any changes arise throughout the year please notify the school immediately so we can record those changes**