



**CONFIDENTIAL**

**Student Health Form for Educational Excursions**

If your son/daughter has special needs please provide full details and include any relevant medical details on the attached Student Health Care Summary.

This medical form is intended for the use of students participating in Interschool sports. The information is required for each student attending any sporting event in 2017. It will assist the school and supervising teachers in the preparation, planning and safe conduct of the excursion. Once the form has been completed and submitted it will be stored electronically and only printed when the student attends an event in accordance with Department guidelines. Once this form has been submitted it will stand for each sporting excursion only for the remainder of the year. If your child's medical details change it is your responsibility to update a paper copy or send a new online version as soon as possible.

Student's Name..... Date of Birth .....

Parent's/Guardian's Full Name .....

Address ..... Postcode.....

Emergency Telephone.....

After Hours (Mobile where possible) .....

Business Hours (Mobile where possible) .....

Name of Family Doctor ..... Telephone .....

Medicare Number .....

Medical/Hospital Insurance ..... Contribution No .....

Please tick if your child suffers from any of the following:

- Heart Condition                       Travel sickness                       Dizzy spells
- Fits of any type                               Black outs                               Asthma
- Migraine     Anaphylaxis
- Other (please provide adequate Information if needed)

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- Allergies to:  Penicillin
- Other drugs (please provide adequate information).....
- Any foods.....
- Other allergies.....

Tetanus Immunisation                      YES                       NO

Last immunisation was on ..... If over 10 years since last immunisation, please tick if booster is to be arranged by parent/guardian before excursion . Booster date.....

**Tablets and Medicines.** Is your child presently taking tablets and/or prescribed 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.**

**Consent to medical attention.** Where it is not possible to communicate with me in an emergency I authorise the teacher in charge of the excursion to arrange medical assessment and treatment for my child. I am aware that the school and its employees are not responsible for personal injuries which may occur on an excursion, unless the school or its employees are proven to be negligent.

**Signed** ..... **(Parent/Guardian)**                      **Date** .....