

CONFIDENTIAL
Medical Report for Educational Excursions

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

Student's name Date or birth

Parent's/guardian's full name.....

Address.....

..... Postcode.....

Emergency telephone After hours..... **[Landline numbers - no mobile coverage]**

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:

- | | | |
|------------------|---------------|-----------------|
| Heart condition | Sleep walking | Travel sickness |
| Fits of any type | Black outs | Dizzy spells |
| Migraine | Asthma | Bed wetting |

Other (please provide adequate information).....

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Allergies to:

- Penicillin
- Betadine / Stingose / Savlon / Panadol
- Other drugs (please provide adequate information).....
- Any foods.....
- Other allergies.....

What special care is recommended?

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Tetanus immunisation

Last immunisation was on If it is over 10 years since your child's 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 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 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 education excursions)