



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.

If the proposed excursion poses any additional health risks to those identified in the Student Health Care Summary, e.g. if your child suffers from anaphylaxis there may be risks associated with the provision of meals and storage of an adrenaline auto injector at the appropriate temperature. Please outline additional health risks where necessary.

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:

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Travel sickness | <input type="checkbox"/> Dizzy spells |
| <input type="checkbox"/> Fits of any type | <input type="checkbox"/> Black outs | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Migraine | <input type="checkbox"/> 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**