

CONFIDENTIAL Medical Report

Purpose:

This confidential report is intended to assist the school and supervising teachers in case of any emergency with your child and is required for all children attending educational excursions.

Students name _____ Date of birth _____

Parents/guardian's full name _____

Address _____ Post code _____

Emergency telephone After hours _____ Business hours _____

Medicare number _____

Medical/hospital insurance _____ Contribution number _____

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"/> Other |
| <input type="checkbox"/> Migraine | <input type="checkbox"/> Asthma | |

Please provide adequate information _____

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

What special care is recommended? _____

Tetanus Immunisation – 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 other 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. I am also aware that Education Department insurance does not cover personal accidents through misadventure, nor loss or damage of personal belongings.

I have read the information letter and give permission for my child to attend this excursion

Signed _____ (parent/guardian)

Date _____