

**CONFIDENTIAL - Medical report for
Education Excursions**

This confidential report is intended to assist the supervising staff in case of any emergency with your child

Student's Name:

Date of Birth:

Parent's/Guardian's full name:

Address:.....

.....

Postcode:.....

Emergency telephone: A/H

Mobile:



Name of family doctor

Telephone:

Medicare number.....Exp Date:

Medical/hospital insurance

Contribution No:

Ambulance Cover Yes/No

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

- | | |
|------------------|-----------------|
| Heart condition | Sleep walking |
| Travel sickness | Diabetes Type 1 |
| Fits of any type | Black outs |
| Dizzy spells | Epilepsy |
| Migraine | Asthma |
| Bed wetting | |

Other (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 medicine?

Yes/No

Does your child self-administer the medication?

Yes/No

If YES, please state name of medicine and dosage

.....

Arrangements for safekeeping and handling of medicines are to be made prior to the excursion.

Consent to medical attention

I agree to inform the organizers before the scheduled excursion departure of any change to my child's health and fitness so that appropriate supervision may be arranged. Where it is not practical to communicate with me, I authorise the staff in charge of the excursion to consent to my child receiving such medical treatment as may be considered necessary. (Including the administering of Paracetamol and student requiring to travelling in the ambulance if required).

Signed.....Date

Parent/Guardian

Other: It is assumed that the person named as the 'other' emergency contact will act in lieu of the parents/guardians).

Name:.....

Phone:..... Mobile

Address:.....

.....

Signed:.....

WATER-BASED INFORMATION

Please complete

My child has achieved Stage number:

Date achieved: At which type of venue? (pool/ocean)

Other Comments:

Is your child subject to asthma, seizures, fainting, epilepsy, diabetes or any other condition that may affect his or her safety during aquatic activities? (Staff cannot take responsibility for medical conditions of which they are unaware.)

Yes No

If "yes", give details:

.....

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.....

.....

Signed: