



STUDENT HEALTH INFORMATION

STRICTLY CONFIDENTIAL

This information, that is required for each student participating on the excursion, will assist the school and supervising teachers in the preparation and planning of an excursion.

STUDENT DETAILS

Student's name: _____

Date of birth: _____

Parent/guardian's full name: _____

Postcode: _____

Address: _____

Telephone no. home: _____

work: _____

mobile: _____

Name of family doctor: _____

Telephone no: _____

MEDICAL DETAILS

Is your child subject to seizures, fainting, epilepsy, diabetes or any other condition that may affect his or her safety during the excursion

Yes ☐

No ☐

If "yes", please give details: _____

IS YOUR CHILD ALLERGIC TO:- *(Please give details)*

Penicillin ☐

Any other drug ☐

Any food ☐

Other ☐

Date of last tetanus vaccination: _____

MEDICATION

Parents/guardians are requested to make arrangements with the teacher-in-charge for the safekeeping and handling of prescribed medications prior to the excursion.

- Is your child presently taking tablets and/or other forms of prescribed medication?
- Does your child self-administer the medication?
- Does your child have a current Health Care Authorisation Plan at school?

Yes ☐

No ☐

Yes ☐

No ☐

Yes ☐

No ☐

Other information

Please provide any other information about your child which will enable the organisers of the excursion to provide better care for your child.

SIGNED: _____ DATE: _____