

### Confidential Medical Information on Students Participating in Excursions or Camps

(This information must be provided by parents to assist the School in the case of any medical emergency which may arise. All information is held in confidence).

**Full name of student:**

**Date of birth:**

**Year level:**

**Full name of parent/guardian:**

**Address:**

**Postcode:**

**Telephone contact:**

**Other emergency contact:**

**Name, address and telephone number of family doctor:**

**Medicare no.:**

**Please tick if your child suffers any of the following conditions:**

- Bedwetting
- Fits of any type
- Heart condition
- Anaphylaxis
- Dizzy spells, blackouts
- Sleepwalking
- Asthma
- Diabetes
- Migraine
- Travel Sickness

Please specify any other disabilities or conditions requiring special care during the camp/excursion (attach additional information if necessary).

**Please specify any allergies your child is known to have (e.g. penicillin, other drugs, foods)**

**Tetanus immunisation**

**Year of completed tetanus immunisation or last booster was:**

(if over ten years since immunisation or last booster, parents are advised to arrange a booster and inform the school prior to the camp/excursion).

### **Tablets and medicines**

Please specify any medication your child may be taking during the excursion/camp.  
(Indicate name and dose of medication).

All medicines must be handed to the teacher in charge prior to leaving, with your child's name, the dose to be taken and when it should be taken. These will be kept in the First Aid centre and distributed as required. If it is necessary for your child to carry his/her own medication e.g. for anaphylaxis, it must be with the knowledge and permission of both a parent and teacher in charge.

### **Authorisation by parent for emergency treatment**

In the event of my son/daughter requiring medical attention I understand that the teacher in charge of the camp/excursion will endeavour to communicate with me concerning the required action.

If this is not possible, the teacher in charge will administer or seek whatever treatment he/she judges to be reasonably necessary.

**Name of parent/guardian:**

**Signature of parent/guardian:**

**Date:**