

Medical information form

Dear parent/carer

Please complete the Medical information form in English if your child has any additional needs for the excursion detailed below. Please provide any relevant medical and/or dietary details in full and add another page if more space is required.

This form should be returned to the school with the consent form by the date shown below.

Information for completion by organising teacher

Name of student _____ Excursion destination _____

Excursion date/s From: _____ To: _____

Date for return of Medical information form _____

Information for completion by parents/carers

Parent/carer contact details

Name of parent/carer _____

Address of parent/carer _____

Contact phone number/s Telephone 1 _____ Telephone 2 _____

Doctor contact details

Name of doctor _____

Address of doctor _____

Doctor's phone number/s Telephone 1 _____ Telephone 2 _____

Emergency alternative contact details

Name of emergency contact 1 _____ Telephone _____

Name of emergency contact 2 _____ Telephone _____

List any medical conditions or illnesses for example asthma, diabetes, epilepsy, allergies and outline the treatment for each.

Outline any special dietary needs including possible reaction to inappropriate diet.

List any medication/s to be administered during the excursion. Include name of medication, instructions for administration, time of administration, and any possible reactions.

I understand that my child will receive medical treatment in the case of an emergency. I understand that when a medical practitioner has prescribed medication (including emergency medication for example insulin) that will need to be administered during the excursion, parents/carers are responsible for:

- bringing this need to the attention of the school
- ensuring that the information is updated if it changes
- supplying the medication and any necessary 'consumables' for example insulin syringes or EpiPens® for administration (any medication should be well within its expiry date and correctly labelled)
- collaborating with the school in working out arrangements for the supply and administration of the prescribed medication for the duration of the excursion.

Please note: for some excursions, the school will ask parents to supply the medication in a different way to what has been already been agreed to by school. For example, parents may be asked to supply an additional adrenaline autoinjector (EpiPen®).

Name of parent/carer (please print) _____

Signature of parent/carer _____ Date _____

Telephone Interpreter Service

If you require more information please call the school. If you need an interpreter to assist you with your enquiry please call the telephone interpreter service on 131 450 and ask for an interpreter in your language. The operator will call the school and get an interpreter on the line to assist you with the conversation. You will not be charged for this service.