



MEDICAL FORM FOR SCHOOL EXCURSIONS AND SPORTING EVENTS

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STRICTLY CONFIDENTIAL

This information will enable excursion organisers to provide health care for your child.

Staff will provide immediate first aid and contact an ambulance as required following the *HLS-PR-002 First Aid* policy.

STUDENT DETAILS

Student's name: _____ Date of birth: _____

Parent/s full name: _____

Address: _____ Postcode: _____

Telephone number: Home: _____

Work: _____

Mobile: _____

Email: _____

Name of family doctor: _____ Telephone number: _____

Medicare number: _____

Health conditions and other injuries

Is your child subject to seizures/ epilepsy, fainting, diabetes, asthma, severe allergies/anaphylaxis heart problems including heart murmurs or any other condition that may affect his or her safety or ability to fully participate during the excursion/sports event?

Do you have an injury or condition which is likely to be aggravated by sporting competition or physical activity? Yes No

List/describe health conditions/injuries if applicable including any recent illness

If you answered "yes", you may be required to provide an Individual and Emergency Health Plans to the school if the school does not have a copy (discuss with school administration as additional information may be required to support the management of the health issue away from school)

Is your child allergic to:
(Please tick)

Any food	<input type="checkbox"/>
Any insect stings	<input type="checkbox"/>
Any medications	<input type="checkbox"/>
Other	<input type="checkbox"/>

Please give details:

Individual and Emergency Health Plans or Action Plans may need to be attached.

Date of last tetanus vaccination: _____

Medication

Parent/s are requested to make arrangements with the teacher-in-charge for the safekeeping and handling of prescribed medications and equipment prior to the excursion/sports event. (All medication will be administered according to the *HLS-PR-009 Administration of routine and emergency medication policy*)

Is your child presently taking tablets and/or other forms of prescribed medication?

Yes No

If "yes", complete the **Authority to Administer Medication** form that is attached to this paperwork.

Does your child wear:

- Glasses Contact lenses soft hard
- prosthetics
- Protective equipment - mouthguard orthotics

Other please specify:

Other information

Please provide any other information about your child which will enable the organisers of the excursion/sports event to provide better care for your child. e.g. headache and pain relief, antihistamines etc, special dietary requirements, blood transfusions (i.e. medical/religious reasons) **Please note that food preferences can not always be catered for whilst on camp.**

Excursion/Sports Event Consent

I, give consent for teachers/staff involved in the school/sport activity to provide basic first aid as required, contact an ambulance, who will determine any additional emergency response required. I understand that all reasonable attempts will be made to contact me in the event of any emergency.

Signature of Parent:

Date:

Privacy statement:
The Department of Education, Training and Employment is collecting your and your child's personal information in order to assess the type of health care your child requires. The information will only be accessed by school staff. Your information will not be given to any other person or agency unless we have your consent, or we are required or authorised by law to do so.