Grade: ……..

DEPARTMENT OF EDUCATION

TEESDALE PRIMARY SCHOOL

Confidential Medical Information for School Council Approved School Excursions

This information is intended to assist the school in case of any medical emergency with your child. All information is held in confidence.

Student's Name: .....

Date of Birth: .....

Parent's/Guardian's Full Name: .....

Address: .....

Home Phone: .....

Female Parent/Guardian: Mobile Phone: ..... Work Contact: .....

Male Parent/Guardian: Mobile Phone: ..... Work Contact: .....

Name/Address/Phone Number of Family Doctor: .....

Medicare No: .....

Medical/Hospital Insurance Fund: ..... Contribution No: .....

Please tick if your child suffers any of the following:

± Bed wetting	± Fits of any type	± Heart condition	± Asthma
± Diabetes	± Dizzy spells	± Sleepwalking	
± Blackouts	± Migraine	± Travel sickness	

Other ..... ……

Allergies to:

Penicillin: ..... Other drugs: .....

Any foods: ..... Other: .....

What special care is recommended? .....

Tetanus Immunisation -Year of last tetanus immunisation .....……..
(Tetanus immunisation is normally given at five years of age [as Triple Antigen or CDT] and at fifteen years of age [as ADT])

Tablets and Medicines - Is your child presently taking tablets and/or medicine? YES/NO

IF YES, please state name of medication, dosage, etc. .....

.....

All medication must be handed to the teacher in charge prior to leaving. All containers must be labelled 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 or appropriate for your child to carry their own medication (for example, asthma puffers and insulin for diabetes) it must be with the knowledge and approval of both the teacher in charge and yourself.

Previous Experience - Is this the first time your child has been away from home? YES / NO

CONSENT TO MEDICAL ATTENTION

Where the teacher in charge of the excursion is unable to contact me, or it is otherwise impracticable to contact me, I authorise the teacher in charge to:

- consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner,
- administer such first-aid as the teacher in charge may judge to be reasonably necessary.

Signature of Parent/Guardian: ..... Date: .....

The Department of Education requires this consent to be signed for all students attending school excursions.

Note: Parents/guardians should provide written approval prior to their child taking part in any excursion.