

Student Health Form 2023

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: ____/____/____

Student Address: _____ Postcode: _____

Year: _____ Room: _____

Parent Details

Parent/guardian's full name: _____

Parent Address: _____ Postcode: _____

Phone Numbers: Home: _____ Work: _____ Mobile: _____

Medical Practice: _____ Name of family doctor: _____ Telephone no: _____

Medicare Card Number: _____ Expiry Date: _____

Medical Details

Is your child subject to asthma, 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 | <input type="checkbox"/> | _____ |
| Any other drug | <input type="checkbox"/> | _____ |
| Any food | <input type="checkbox"/> | _____ |
| Other | <input type="checkbox"/> | _____ |

Date of last tetanus vaccination: _____

Medication

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

Is your child presently taking tablets and/or other forms of medication? Yes ☐ No ☐

Does your child self-administer the medication? Yes ☐ No ☐

If "yes", state name of medication, dosage and frequency of use

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.

Parent Signature: _____ Date: _____