



STUDENT HEALTH FORM

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: _____

Parent/guardian's full name: _____

Address: _____ Postcode: _____

Telephone no. – home: _____

– work: _____

– mobile: _____

Name of family doctor: _____ Telephone no: _____

Medical details

Is your child subject to 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:

Penicillin	<input type="checkbox"/>	<i>(Please give details)</i>	_____
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 prescribed medications prior to the excursion.

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

Does your child self-administer the medication? Yes No
If "yes", state name of medication, dosage and frequency of use:

Does your child have a current Health Care Authorisation Plan at school? Yes No

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/Guardian Signature: _____ Date: _____