

# Confidential medical information for school council approved excursions

(please complete and return by) \_\_\_\_\_.

This information is intended to assist the school in the case of any medical emergency. All information is held in confidence. Under the Information Privacy Act 2000 and the Health Records Act 2001, schools have a duty to protect the privacy of the individual with regard to their personal and health information. All the personal and health information collected by this form will be kept confidential and only used for the purpose of providing appropriate care of your child. Health information is asked for so that staff can properly care for the student and withholding health information that may be required can put the student's health at risk.

Child's name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ School year: \_\_\_\_\_

Parent/guardian's full name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Emergency telephone numbers: After hours: \_\_\_\_\_ Business hours: \_\_\_\_\_

Name and address of family doctor: \_\_\_\_\_

Medical/Hospital Insurance Fund: \_\_\_\_\_

Contribution No: \_\_\_\_\_ Medicare No: \_\_\_\_\_

Please tick if your child suffers any of the following:

Asthma <input type="checkbox"/>	Bed Wetting <input type="checkbox"/>	Blackouts <input type="checkbox"/>	Diabetes <input type="checkbox"/>
Dizzy Spells <input type="checkbox"/>	Fit of any type <input type="checkbox"/>	Heart Condition <input type="checkbox"/>	Migraine <input type="checkbox"/>
Sleepwalking <input type="checkbox"/>	Travel Sickness <input type="checkbox"/>	Other	

**Allergies to:**

Penicillin: YES/NO	Other Drugs
Any Foods	
Other	
Any special care needed	

**Tetanus immunisation:** year of last tetanus immunisation \_\_\_\_\_

(tetanus immunisation is normally given at four years of age (as Infanrix vaccine) and at fifteen years of age (as ADT vaccine))

**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 (i.e. asthma puffers, 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: \_\_\_\_\_

**Prior to a child taking part in any excursion approved by the school council, the Department of Education and Training requires this consent form to be signed by the parent/guardian.**