

STUDENT HEALTH FORM 2018

Water Based Excursion

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, and in the event of an emergency. It is required for all children attending educational excursions.

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:

Does your child suffer from **asthma**? Yes No

Is your child allergic to: (Please tick)

Additional Information if required:

Penicillin
Any other drug
Any food
Other

Date of last tetanus vaccination: _____ don't know

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 any other forms of medication? Yes No

If 'Yes', details: _____

Does your child self-administer the medication? Yes No

If "yes", please 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.

Note: I agree to inform Mullaloo Heights PS before the excursion departure of any change to my child's health and fitness so that appropriate action can be taken. I acknowledge that, in the event of an accident, the school staff will arrange to present my child for medical assessment as soon as possible.

Signature of Parent/ Guardian: _____ **Date:** _____