



2016

TA

**MEDICAL 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 (Home) _____ (Work) _____ Mobile _____

Name of family Doctor _____ Telephone _____

MEDICAL DETAILS

Is your child subject to seizures, fainting, epilepsy, diabetes or other conditions that may affect his or her safety during the excursion?

Yes No

If 'yes', please give details: _____

Is your child allergic to:

Penicillin Please give details _____

Any other drug _____

Any food _____

Other _____

Date of last Tetanus vaccination: _____

MEDICATION

Parents/guardians are required 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 you child which will enable the organisers of the excursion to provide better care for your child.

Parent Signature _____ Date _____