

MEDICAL INFORMATION FORM FOR OVERNIGHT EXCURSIONS

(This form must be signed, dated and returned to school prior to the overnight excursion)

Child's Name: _____ Class: _____

Telephone: (Home) _____ Contact No (During Day): _____

Child's Doctor: _____ Telephone (Doctor's): _____

Private Health Insurance Fund: _____ Membership Number: _____

Medicare Number: _____

Does private insurance include Ambulance Cover? Yes No

PERSONAL HISTORY – Please answer the following questions:

1. Is he/she in good health? Yes No

2. Does he/she suffer from:

a. Asthma or any allergic conditions Yes No

b. Skin conditions? Yes No

c. Diabetes? Yes No

d. Epilepsy, fits or blackouts? Yes No

e. Adverse reactions to drugs? Yes No

If YES give details: _____

3. Does your child suffer from any other chronic illness or disability? Yes No

If the answer is YES, what is its nature? _____

4. Has he/she suffered from any acute illness or any injury during the past four weeks? Yes No

If YES, state the nature of the illness or injury? _____

5. Is he/she taking any form of medication at present? Yes No

If YES, for what was it prescribed? _____

6. Does he/she wet the bed? Yes No

7. Has he/she had the combined Diphtheria/Tetanus/Toxoid booster injection? Yes No

8. Has he/she been away from his/her parents before? Yes No

9. Is your child allowed medication (Panadol or similar) for treatment of minor ailments? Yes No

In the event of any accident or illness, I authorise the obtaining on my behalf such medical assistance as my child may require. I also undertake to pay medical fees and/or costs of drugs which may be incurred while my child is participating in this overnight excursion.

Signed: _____

Date: _____