



# MUDGEE PUBLIC SCHOOL

## EXCURSION MEDICAL FORM

This information is being obtained for the purpose of collecting relevant medical information requirements and other health care related needs of your child. It will be used to assist planning, to support students, and to minimise risks on the excursion.

Other persons or agencies may be provided with this information if relevant, to care for the student, particularly if medical treatment is required during the excursion.

Thank you for assisting the school in planning a safer educational activity. All information will be stored securely.

**Please complete this Medical Form and return to the class teacher.**

CHILD'S NAME: \_\_\_\_\_ CLASS: \_\_\_\_\_

NAME EXCURSION: \_\_\_\_\_

DATE EXCURSION: \_\_\_\_\_

PARENT / CARER'S NAME: \_\_\_\_\_

PARENT / CARER'S ADDRESS: \_\_\_\_\_

TELEPHONE: (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

EMERGENCY CONTACT (If parent/carer is unavailable an emergency contact person / phone number is essential)

EMERGENCY CONTACT NAME: \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

FAMILY DOCTOR'S NAME: \_\_\_\_\_

DR CONTACT TELEPHONE: \_\_\_\_\_ MEDICARE NUMBER: \_\_\_\_\_

DAY OF LAST TETNAUS IMMUNISATION: \_\_\_\_\_

DOES YOUR CHILD SUFFER FROM (please tick)

ASTHMA\*

DIABETES

HAYFEVER

SLEEPWALKING

EPILEPSY / FITS

BEDWETTING

ALLERGIES / OTHER (please specify) \_\_\_\_\_

Treatment for above: \_\_\_\_\_

**\*Please provide an Asthma Action Plan if your child suffers from asthma.**

I give permission for the teacher in charge to give my child paracetamol if necessary for pain.

**EXCURSION MEDICAL FORM CONT.**

IS YOUR CHILD ON REGULAR MEDICATION: YES / NO

If yes, please specify medication and dosage: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

ANY POSSIBLE REACTIONS? YES / NO

If yes, please specify: \_\_\_\_\_

\_\_\_\_\_

**All medication must be handed to the teacher in charge at the commencement of the excursion.**

**Clear and concise dosage instructions must accompany the medication.**

ANY SPECIAL NEEDS OF WHICH WE SHOULD BE AWARE: YES / NO

Please specify: \_\_\_\_\_

\_\_\_\_\_

Please outline any special dietary needs including possible reaction to inappropriate diet, i.e. Food Allergies:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*"I agree that the above information is correct to the best of my knowledge and agree to the conditions listed in the permission note for the excursion."*

**Medical Insurance:** Parents please note that there is no personal injury insurance cover provided by the NSW Department of Education and Training for students in relation to school sporting activities, physical education lessons or any other school activity. Parents and caregivers are advised to assess the level and extent of their child's involvement in the sport program when deciding whether additional insurance cover, above that provided by Medicare, is required. Personal accident insurance cover is available through the normal retail insurance outlets. **The NSW Supplementary Sporting Injuries Benefits Scheme**, funded by the NSW Government, covers any injury resulting in the permanent loss of a prescribed faculty or the use of some prescribed part of the body.

.....  
Print Name Parent / Carer

.....  
Signature

.....  
Date

.....  
Mobile Contact number