



ST BRIGID'S SCHOOL WYNYARD
EXCURSION & OUTDOOR EDUCATION MEDICAL FORM

STUDENT'S SURNAME: _____

CHRISTIAN NAMES: _____

NOTE: This form is to be filled in by a Parent or Carer of any student attending an excursion. The information contained herein is required by the Medical Practitioners in the event of students requiring treatment while away from the school. The information given here is not intended to prevent a student from attending. It is for the well-being of the student that this form be completed fully and accurately.

DATE OF BIRTH: _____

NAME OF PARENT / GUARDIAN: _____

ADDRESS: _____

TELEPHONE NUMBER: HOME: _____ MOBILE: _____ WORK: _____

CHILD'S DOCTOR: _____ PH NUMBER _____

MEDICARE NUMBER: _____

IS THE CHILD COVERED BY A MEDICAL FUND? YES / NO

IF YES, WHICH FUND? _____

PLEASE GIVE SPECIFIC DETAILS RELATING TO YOUR CHILD'S HEALTH AND CARE:

- | | |
|--|----------|
| A) Tetanus booster in the last 12 months | YES / NO |
| B) Asthma | YES / NO |
| C) Other respiratory problems | YES / NO |
| D) Drug allergies | YES / NO |
| E) Other allergies | YES / NO |
| F) Sugar diabetes | YES / NO |
| G) Recent operation, illness or injury | YES / NO |
| H) Epilepsy | YES / NO |
| I) Heart problems | YES / NO |
| J) Blood pressure | YES / NO |
| K) Other - please list _____ | |

DETAILS _____

PTO

MEDICINES: _____

Please give details of any medication being taken by your child, including dosage, frequency etc at the time of excursion.

MEDICATION	DOSAGE	WHEN TO BE TAKEN

Please give details of any medical/physical reason that would prevent your son/daughter from participating in any activities.

- ❖ I.....being responsible for..... in the event of injury/illness or other serious circumstance, authorise the teacher in charge to take whatever action is considered immediately necessary. It is understood that immediate contact with parents will have been attempted. I undertake to accept responsibility for the costs incurred.

- ❖ I am aware of the type of activities in which my child will be participating.

Date: _____ Signature of Parent/Carer: _____

I _____ (Please print) Parent / Guardian of _____

in Grade _____ in 2016, agree to immediately notify the school office if any circumstances or details on this Medical Form change and to complete a new Medical Form with updated information for my child.

(Students in Grades 3-6 will receive another Medical Form for Camps when they occur as they involve overnight stays.)

Signed: _____ Date: _____