



STUDENT HEALTH 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 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: _____

Is your child allergic to:

Penicillin Give details _____

Any other drug Give details _____

Any food Give details _____

Other Give details _____

Is any special care required?

Yes No

If "yes", give details: _____

Tetanus vaccination: Yes No Don't know

Medications:

Arrangements for the safekeeping and handling of medications must be made 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", give details (dosage, frequency, name of medication and reason for use):

Other information

Please provide any other information about your child that will enable the organisers of the excursion to provide better care for your child.

I agree to inform the organisers before the scheduled excursion departure of any change to my child's health and fitness so that appropriate supervision may be arranged. 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 or guardian _____ Date: _____

Please sign that you have either filled in the health form or read it and made changes if necessary for the relevant excursion.

Excursion List for 2012

1. Signed _____

2. Signed _____

3. Signed _____

4. Signed _____

5. Signed _____

6. Signed _____

7. Signed _____

8. Signed _____