

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 ful	I name:	
Address:		Postcode:
Telephone no. – hom	ne:	
– wor	k:	
– mobile:		
Name of family docto	or:	Telephone no:
Medical details Is your child subject t	to seizures, fainting, ep	pilepsy, diabetes or any other condition that may affect his or her
safety during the exc	ursion	
Yes	No [
If "yes", please give o	details:	
ls your child allerg	ic 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:		
		No Don't know
Medications:		
-		andling of medications must be made prior to the excursion.
Is your child present	ly taking tablets and/	or other forms of medication?

Yes

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	