

# MEDICAL INFORMATION FORM

This form is to be completed by a parent/carer prior to their child going on a camp or excursion. The information provided must be current at the time of the camp or excursion.

## First Aid and Medical Assistance

If there is a situation or incident which requires first aid to be administered to a student, school staff will administer first aid that is reasonably necessary and appropriate to their level of training. School staff will also seek emergency medical attention for a student if it is considered reasonably necessary. In the event that a student needs medical attention during the camp or overseas excursion, school staff will contact their parent/carer as soon as practically possible.

Parents/carers are responsible for all medical costs if a student becomes ill or injured on a school approved excursion unless it is found that the illness or injury was caused by the Department of Education failing to discharge its duty of care. For camps, parents/carers can purchase student accident insurance cover from a commercial insurer if they wish to. Department policy requires schools to ensure families obtain insurance for all overseas excursions, the school will provide further information.

## Privacy Statement

The personal and health information collected in this form, and attachments, will be managed securely and accessed only by staff and volunteers, on a need-to-know basis, and in accordance with the Department of Education Schools' Privacy Policy which applies to all government schools.

Excursion/program name: Date(s):
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Student's full name:	Grade/Class:
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Student's address:	Postcode:
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Date of birth:	Year level:
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Parent/carer's full name:
Emergency telephone numbers: <i>After hours</i> <i>Business hours</i>

Name of person to contact in an emergency (if different from the parent/carer):
Emergency telephone numbers: <i>After hours</i> <i>Business hours</i>
<i>Please ensure the person you list here is aware you have provided their contact information for this purpose</i>

*MedicAlert number (if relevant):
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Medical/hospital insurance fund:	Member number:
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Ambulance subscriber? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, ambulance number:
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Is this the first time your child has been away from home?  Yes  No

## Medical History

Please tick if your child is living with any of the following health conditions:

- Asthma (if ticked complete Asthma Management Plan)
- Anaphylaxis (if ticked review and update the Individual Management Plan)
- Bed wetting
- Blackouts
- Diabetes
- Dizzy spells
- Migraine
- Heart condition
- Sleepwalking
- Travel sickness
- Seizure of any type
- Other (include any other diagnosed medical or mental health condition):

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**Please also attach any relevant documentation and list below**, for example, letter from treating practitioner, Student Health Support Plan, General Medical Advice Form or any other information that might be applicable.

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**Allergies**

*Please tick if your child is allergic to any of the following:*

Penicillin  Other Drugs: \_\_\_\_\_

Foods: \_\_\_\_\_

Other allergies: \_\_\_\_\_

What special care is recommended for these allergies? \_\_\_\_\_

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Year of last tetanus immunisation: \_\_\_\_\_  
(Tetanus immunisation is normally given at five years of age (as Triple Antigen or CDT) and at fifteen years of age (as ADT))

**Swimming ability**

*Please tick the distance your child can swim comfortably.*

Cannot swim (0m)  Weak swimmer (<50m)  Fair swimmer (50-100m)

Competent swimmer (100-200m)  Strong (200m+)

**Surgical History**

*Has your child had any past or upcoming surgeries?*

Yes

No

If yes, please provide more information including age of child at the time of surgery, nature of surgery:

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**Medication**

Is your child taking any medicine(s)?  Yes  No

If yes, provide the name of medication, dose and describe when and how it is to be taken.

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All medication must be given to the teacher-in-charge. All containers must be labelled with your child's name, the dose to be taken as well as when and how it should be taken. The medications will be kept by the staff and distributed as required.

**Further Information**

Is there anything else about your child's health and wellbeing or medical history that is important for us to know?

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***I declare that all information provided is current and accurate:***

Signature of parent/carer (names above) \_\_\_\_\_

Date:

