



## EXCURSION MEDICAL STATEMENT

Student's name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex: M / F

Address: \_\_\_\_\_

Parent mobile \_\_\_\_\_ Student Mobile \_\_\_\_\_

Medicare No. \_\_\_\_\_ Reference No. \_\_\_\_\_

Healthcare Card No. \_\_\_\_\_ Private Health Insurance \_\_\_\_\_

**IMPORTANT NOTE:** When a medical practitioner has prescribed medication (including emergency medication) that will need to be administered during the excursion, parents are responsible for: a) Bringing this need to the attention of the school b) Ensuring that the information is updated if it changes c) Supplying the medication and any 'consumables' necessary for its administration in a timely way. The medication should be well within its expiry date. d) Collaborating with the school in working out arrangements for the supply and administration of the prescribed medication for the duration of the excursion. For some excursions the school will ask you to supply the medication in a different way to what has been already been agreed to by school. You may be asked to supply an additional adrenaline autoinjector (i.e. EpiPen® /Anapen ®) for example.

### PLEASE ANSWER THE FOLLOWING QUESTIONS

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|--|----------|
| 1. Is he / she in good health?   | YES / NO |
| 2. Does your child suffer from any chronic illness or disability?                                | YES / NO |
| 3. Has he / she suffered from and acute illness during the past four weeks?                      | YES / NO |
| 4. Has he / she been treated by a medical practitioner for an injury during the last four weeks? | YES / NO |
| 5. Is he / she taking any form of medication at present?   | YES / NO |
| 6. Has he / she been fully immunised against tetanus?  | YES / NO |
| 7. Does he / she suffer from   |          |
| • Asthma, anaphylaxis or any allergic conditions?  | YES / NO |
| • Skin conditions?   | YES / NO |
| • Diabetes?  | YES / NO |
| • Epilepsy, fits and blackouts   | YES / NO |
| • Adverse reaction to drugs?   | YES / NO |
| • Special Dietary requirements?  | YES / NO |

If YES, to any of the above please give details:

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In the event of any accident or illness, I authorize the obtaining on my behalf of such medical assistance as my child may require and pay any medical fees and or costs incurred.

Parent/Guardian Name: \_\_\_\_\_

Signature \_\_\_\_\_ Mobile Ph. \_\_\_\_\_