

YEAR 6 CANBERRA EXCURSION 2022

Medical Information Form

The information provided here will be regarded as Strictly Confidential. *Please complete the form accurately and return it to the Administration Office no later Friday 27th May 2022.*

Child's Name: Class:

Address: Postcode:

Contact Phone Number(s) – Day Night

Mobile (if applicable/available)

Doctor's Name: Phone No:

Medical Condition	Further information, special instructions and treatment/medication requirements.
Epilepsy Yes/No	
Travel Sickness Yes/No	
Fainting/dizzy spells (or other sudden loss of consciousness) Yes/No	
Heart condition Yes/No	
Diabetes Yes/No	
Ear disorder (particularly drainage tubes or deafness) Yes/No	
Respiratory disorder (particularly asthma) Yes/No	
Allergies (particularly insect bites and stings) Yes/No	
Dietary needs/requirements Yes/No	
Other relevant medical information (i.e. travel sickness, diet, headaches, bedwetting, etc)	

NB: Asthma medication is to be with the child at ALL times. If your child is taking any other medication, please place it in a convenient bag, labelled with the child's name, time and dosage clearly written. This is to be given to Mrs McCauley on the morning of our excursion.

Prescribed medicine must be for the recipient stated on the label outside the packet.

I authorise the staff to administer Panadol, obtain medical assistance that is deemed necessary and agree to pay all medical expenses incurred.

Medicare card number:

Parent/Caregiver's Name:

Parent/Caregiver's Signature:

Date: