

Medical information form

The information provided on _____ by _____ is being obtained for the purpose of ascertaining relevant medical information, requirements and other health care related needs about _____ who is currently enrolled at the school and who may participate in school excursions, sporting activities or other educational or school activities conducted by or in conjunction with Glenbrook PS

It will be used by officers of the NSW Department of Education and Training to assist planning, to support students, and to minimise risks when conducting school excursions, sporting or other school activities.

Other persons or agencies that may be provided with this information include, but are not limited to, volunteers and members of external organisations who join with the school or are otherwise involved in the planning or delivery of the excursion, sporting or other school activity; and persons that may be called upon to provide health care treatment or other assistance during or as a consequence of such excursions or activities.

Provision of this information is not required by law. However, a failure to provide the information may mean that your child can not participate in a particular excursion or school activity. In such circumstances the school will make available a sound alternative educational experience.

Provision of this information will significantly assist the school in planning a safer educational activity. It will be stored securely. If you have any concerns about provision of this information, please contact the school principal to discuss further.

You may correct any personal information provided at any time by contacting the school office.

Student name: *Class:*

Medicare number (optional)

Parent or caregiver contact details

Name:

Address:

Home phone: *Work:* *Mobile:*

Doctor contact details

Name:

Address:

Doctor's telephone: 1. 2.

Emergency contact(s) details (nominated by the parent or caregiver as alternate contact)

1. *Name:* *Phone:*

2. *Name:* *Phone:*

PLEASE COMPLETE AND SIGN THE OTHER SIDE OF THIS FORM.

List existing medical conditions or illnesses (include asthma, diabetes, epilepsy, allergies etc.). Outline the treatment for each.

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Outline special dietary needs including possible reaction to inappropriate diet

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Medication(s) to be administered during the excursion. Include name of medication, instructions for administration, time of administration, and any possible reactions

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Signature:

Date: