

Outdoor School Medical Information Form — Valid 2017

For Students & Visiting Teacher (VT) to fill in

This information is intended to assist Outdoor School in case of any medical emergency with your child or a VT. All information is held in confidence.

School: _____ Year Level _____

Full Name : _____ Date of Birth: _____ Male/Female

Parent details are required if Medicare is used.

Parent/Guardian/Contact Person's Full Name: _____ D.O.B. _____

Address: _____

Home email Address: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

Name & Address of Family Doctor: _____

Medicare No: _____ Valid to: ____/____ Child's Number (eg. 2, 3, 4): _____

Medical/Hospital Insurance Fund: _____ Member No: _____

Ambulance Subscriber: Yes — No If yes, member number: _____

Tick	Item	Details
<input type="checkbox"/>	Diabetes	
<input type="checkbox"/>	Dietary Requirements	
<input type="checkbox"/>	Dizzy Spells/Blackouts	
<input type="checkbox"/>	Fits Of Any Type	
<input type="checkbox"/>	Hay Fever	
<input type="checkbox"/>	Heart Condition	
<input type="checkbox"/>	Migraines	
<input type="checkbox"/>	Physical Difficulties	
<input type="checkbox"/>	Previous Injuries	
<input type="checkbox"/>	Sleepwalking	
<input type="checkbox"/>	Travel Sickness	
<input type="checkbox"/>	Bedwetting	
<input type="checkbox"/>	Other	

Please tick the box on the left if your child suffers any of the following:

<input type="checkbox"/>	Anaphylaxis	If ticked you MUST attach the appropriate completed Anaphylaxis Action Plan.
Responsible person is:		<i>Please state below who will be responsible for carrying the Epipen/Anapen?</i>

<input type="checkbox"/>	Allergies	If ticked you MUST complete and attach the Allergic Reactions Action Plan.
<input type="checkbox"/>	Asthma	If ticked you MUST complete and attach the Asthma Action Plan.

Year of Last Tetanus Immunisation:		(Note: Tetanus immunisation is normally given at 5 years of age — as Triple Antigen or CDT and at 15 years of age — as ADT.)
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Medication – Is your child presently taking tablets and or medicine? YES / NO (If yes please detail below.)

Condition	Medication	Dosage	When given & instructions.

Swimming Ability: please tick the distance your child can swim comfortably.

Cannot Swim
 Weak Swimmer (<50m)
 Fair Swimmer (50-100m)
 Competent Swimmer (100-200m)
 Strong (200m+)

Signature of Parent/Guardian: _____

Date: _____

DET requires this consent to be signed for all students and teachers attending school excursions.