

**WINDAROO STATE SCHOOL
CAMP/EXCURSION STUDENT MEDICAL RECORD FORM**

To be completed by parent/guardian of all students participating in excursions which involve an overnight stay or periods in excess of one day.

PLEASE COMPLETE IN BLACK OR BLUE PEN ONLY

1. STUDENT DETAILS

Name of Student	Class	Date of Birth
Excursion/camp description		Dates

2. CONTACT DETAILS

Parent's Name	Student Medicare No.
Home Phone	Work Phone
Mobile	
2 nd contact in case parent not available	

3. TRAVEL SICKNESS

Does your child suffer from travel sickness?	Yes / No
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4. ALLERGIES (including food)

Does your child suffer from allergies or drug reactions?	Yes / No	If YES, please state:
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5. ASTHMA AUTHORITY

Does your child suffer from Asthma?	Yes / No	Has written permission for student to administer own medication been previously provided to the school?
		Yes / No If NO, please attach letter of authority.

6. PARACETAMOL AUTHORITY

If your child suffers from headaches, do we have permission to administer Paracetamol?	Yes / No
If yes, Paracetamol is be provided in original labelled container accompanied by written advice from a medical practitioner.	

7. PERMISSION FOR SWIMMING

I _____ give permission for my child _____ to participate in pool related activities.	
My child is:	a non swimmer <input type="checkbox"/> a capable swimmer <input type="checkbox"/> an advanced swimmer <input type="checkbox"/> Please tick appropriate box.

8. PARENT AUTHORITY

I hereby authorise the supervising teachers to obtain any medical or associated assistance which they deem to be necessary should any medical condition or accident occur. I agree to pay any ambulance, medical, dental and/or pharmaceutical expenses incurred on behalf of the above student which are not covered by my personal/family ambulance subscription, medical benefits fund (or travel insurance in the case of overseas travel.) I further authorise qualified practitioners to perform surgery, administer anaesthetic and/or administer blood transfusions if such an eventuality should arise. I understand that, should such circumstances arise, the supervising teachers will endeavour to contact me by phone in the first instance.	
Signature of Parent/Guardian: _____	Printed name: _____

IMPORTANT:

*Please ensure that you have signed both sections 8 above and 12 over page.
PLEASE USE BLACK OR BLUE PEN ONLY*

9. CURRENT PRESCRIBED MEDICATION/S

The medication/s listed below has/have been prescribed for my son/daughter by a registered medical practitioner and will be required to be administered while my child is involved in the excursion indicated in Section 1.

I hereby request the teacher accompanying the excursion, who has been so authorised by the Principal, to administer the medication/s in accordance with the instructions written on the medication container/s by the pharmacist in accordance with the medical practitioner's instructions.

I understand that all unused medication/s will be returned to me.

Signature of Parent/Guardian: _____

Printed name: _____

Date: / /

Please rule an oblique line through any unused spaces below.

NAME OF MEDICATION	DOSAGE OF MEDICATION	TIMES FOR ADMINISTRATION

10. MEDICAL CONDITION

Please indicate below any known medical conditions relevant to the above named student. In those instances where there is a "YES" response, please describe the nature of the problem or provide a letter from your doctor.

MEDICAL CONDITIONS	RESPONSE	ADDITIONAL COMMENTS
Heart problems	YES/NO	
Blood pressure	YES/NO	
Respiratory problems (other than Asthma)	YES/NO	
Diabetes	YES/NO	
Epilepsy	YES/NO	
Operations	YES/NO	
Recent illness	YES/NO	
Phobias	YES/NO	
Bed-wetting	YES/NO	
Other	YES/NO	Please describe:
Date of most recent Tetanus injection		

11. MEDICAL PRACTITIONER

Name of family doctor	
Address	
Telephone number	

12. DISCLAIMER

I hereby authorise the medical practitioner identified in Section 8 to provide to hospital authorities or other qualified medical practitioner(s) additional information concerning any of the medical conditions identified in Section 7 should such need arise.

Signature of parent/guardian: _____

Printed name: _____

Date: / /