

Student Medical Information Form

Please complete **and** return to school by _____



Privacy Advice

The information provided on this form is being obtained for the purpose of ascertaining relevant medical information, requirements and other health care related needs about your child who may participate in excursions, sporting activities or other educational or school activities conducted by or in conjunction with your school.

The information 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 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 an alternative educational experience.

Provision of the information will significantly assist the school in planning a safer educational activity.

This information 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 at any time by

contacting the school office.

Student Name _____ Class _____

Medicare Number - optional _____

Name: _____

Address: _____

Home phone: _____ Work phone: _____ Mobile phone: _____

Name: _____

Address: _____

Doctor's telephone: 1. _____ 2. _____

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

Parent or caregiver contact details

Doctor contact details

Emergency alternative contact/s details

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

Outline special dietary needs including possible reaction to inappropriate diet.

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

Does your child have a documented action plan from a doctor for anaphylaxis, severe asthma, diabetes or epilepsy?
If yes attach current plan.

Does your child have an ASCIA Action Plan for Anaphylaxis ? If yes attach current plan.

Does your child have an ASCIA Action Plan for Allergic Reactions? If yes attach current plan.

Signature of parent or caregiver _____ Date _____
