



**CONFIDENTIAL STUDENT MEDICAL REPORT INCLUDING  
LATE STAYS/EXCURSIONS & LOCAL WALKS 2020  
PREP - TWO**

This medical report is intended to assist the school in case of any medical emergency with your child.

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Year Level: \_\_\_\_\_

Parent's/Guardian's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Emergency Telephone: After hours \_\_\_\_\_ Business hours \_\_\_\_\_

Name and Address of Family Doctor: \_\_\_\_\_

Phone number: \_\_\_\_\_

Medicare Number: \_\_\_\_\_

Medical / Hospital Insurance Fund: \_\_\_\_\_

Contribution Number: \_\_\_\_\_

Ambulance Cover:  Yes  No Policy Number: \_\_\_\_\_

Please tick if your child suffers any of the following:

- |                                    |  |   |                                       |
|------------------------------------|--|---|---------------------------------------|
| <input type="checkbox"/> Asthma    | <input type="checkbox"/> Travel sickness | <input type="checkbox"/> Migraine             | <input type="checkbox"/> Dizzy spells |
| <input type="checkbox"/> Diabetes  | <input type="checkbox"/> Sleepwalking    | <input type="checkbox"/> Fits of any type     | <input type="checkbox"/> Bedwetting   |
| <input type="checkbox"/> Blackouts | <input type="checkbox"/> Heart condition | <input type="checkbox"/> Homesickness/Anxiety | <input type="checkbox"/> Other**      |

\*\*Other please outline here: \_\_\_\_\_

**Anaphylaxis/Allergies – please tick if your child is anaphylactic or allergic to any of the following:**

- | Allergic                            | Anaphylactic                        | Has own Epipen           | Uses Antihistamines      |
|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> Penicillin | <input type="checkbox"/> Penicillin | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Bees       | <input type="checkbox"/> Bees       | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Food       | <input type="checkbox"/> Food       | <input type="checkbox"/> | <input type="checkbox"/> |

Please detail what food/s:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other allergies: \_\_\_\_\_

What special care is recommended:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Special Dietary Requirements:** Does your child have any special dietary needs?  YES  NO

If yes please provide details:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## CONSENT AND AUTHORITY FORM

**Tetanus Immunisation:** Last tetanus immunisation was \_\_\_\_\_

**Tablets and Medicines:**

1. Is your child presently taking tablets and/or medicine (including for those for asthma and hay fever)?  YES  NO  
If YES, please state the name of medication, dosage and describe when and how it should be taken.

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2. All medicines must be handed to the teacher in charge prior to Camps/Excursions, with your child's name, the dose to be taken as well as when and how it should be taken. (The medications will be kept by the staff and distributed as required). Please do not allow children to be in possession of any medicine while on a camp/excursion with the exception of asthma puffers for asthmatics.

3. My child may be given panadol by staff at their discretion.  YES  NO

### Consent to Medical Attention

I authorise the teacher in charge of the Camp/Excursion & or local walk during the 2020 school year to consent, where it is impracticable to communicate with me, to the child receiving such medical or surgical treatment as may be deemed necessary.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE COMPLETE AND SUBMIT ASAP**