



Kew Primary School No 1075

Confidential medical information for school council approved excursions

(Please complete and return by Monday 5th December 2016)

This information is intended to assist the school in the case of any medical emergency. All information is held in confidence. Under the *Information Privacy Act 2000* and the *Health Records Act 2001*, schools have a duty to protect the privacy of the individual with regard to their personal and health information. All the personal and health information collected by this form will be kept confidential and only used for the purpose of providing appropriate care of your child. Health information is asked for so that staff can properly care for the student and withholding health information that may be required can put the student's health at risk.

Child's name: _____

Date of birth: _____ Class: _____

Parent/guardian's full name: _____

Address: _____

_____ Postcode: _____

Emergency telephone numbers:

After hours: _____ Business hours: _____

Name and address of family doctor: _____

Doctors Telephone Number: _____

Medical/Hospital Insurance Fund: _____

Contribution No: _____ Medicare No: _____

Please tick if your child suffers any of the following:

Asthma <input type="checkbox"/>	Bed wetting <input type="checkbox"/>	Blackouts <input type="checkbox"/>	Diabetes <input type="checkbox"/>
Dizzy spells <input type="checkbox"/>	Fits of any type <input type="checkbox"/>	Heart condition <input type="checkbox"/>	Migraine <input type="checkbox"/>
Sleepwalking <input type="checkbox"/>	Travel sickness <input type="checkbox"/>	Other	

Allergies to:

Penicillin: _____ Other drugs: _____

Any foods: _____

Other: _____



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Any special care needed: _____

Other Dietary Requirements (please no likes/dislikes)

Tetanus immunisation: year of last tetanus immunisation _____ (tetanus immunisation is normally given at four years of age (as Infanrix vaccine) and at fifteen years of age (as ADT vaccine))

Tablets and medicines: Is your child presently taking tablets and/or medicine? YES / NO
If YES, please state name of medication, dosage etc.

All medication must be handed to the teacher-in-charge prior to leaving. All containers must be labelled with your child's name, the dose to be taken and when it should be taken. (These will be kept in the first aid centre and distributed as required.) If it is necessary or appropriate for your child to carry their own medication (i.e. asthma puffers, insulin for diabetes) it must be with the knowledge and approval of both the teacher-in-charge and yourself.

Previous experience: Is this the first time your child has been away from home? YES / NO