



CONFIDENTIAL DAY TRIP MEDICAL FORM - 2013

Parent / Caregiver should complete this form accurately and completely as it will be taken on the excursion and will be the basis for contact or action in the event of emergency.

Student's Name: _____ Class: _____

Home Address: _____

Emergency Contact Name: _____ Number: _____ Mobile: _____

Alternate Emergency contact Name: _____ Number: _____
(In case parent cannot be contacted)

Name: _____ Relationship: _____

Medical

In the event of an emergency can a Doctor be consulted? Yes / No

In the event of an emergency can an ambulance be used? Yes / No

Medicare Card No: _____

Is your child allergic to any drugs or bites?
(If yes, details please) _____

Is your child taking any regular medication? Yes / No
(If so, please detail medicine and reason for administration) _____

NOTE: Children taking regular medicine should hand same to a supervising Teacher in a container clearly labelled with name and if necessary, details for administration. Supervising teacher will ensure medication is taken.

Date of child's last tetanus injection: _____

Signed: _____ (Parent / Caregiver) Date: _____

Medical Disclaimer: *Parents please note there is no personal injury insurance cover provided by the NSW Department of Education and Communities for students in relation to school sporting activities, physical education lessons or any other school activity. Parents and carers are advised to assess the level and extent of their child's involvement in the sport program offered by the school, zone, regional and state school sport associations when deciding whether additional insurance cover, above that provided by Medicare, is required. The NSW Supplementary Sporting Injuries Benefits Scheme, funded by the NSW Government, covers any injury resulting in the permanent loss of a prescribed faculty or the use of some prescribed part of the body.*