



Budgewoi Public School

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PERSONAL MEDICAL INFORMATION CANBERRA EXCURSION 2021

Participant Details

Surname:

Given Name/s:

Date of Birth: / /

Address:

.....

Emergency Contact Details

Parent / Guardian / Contact Person:
(Name in Full)

Telephone:
(Day time phone number) (After hours phone number) (Other)

Medical Information

Medicare N^o: Ambulance Cover: Yes / No

Position on Medicare Card (eg. 1,2): Medicare Expiry:

Private Health Insurance Fund: Yes / No

Fund Name: Fund Policy N^o:

Please answer the following medical questions regarding your child:

1. Is your child in good health? Yes / No

2. Does your child suffer any chronic illness, or disability? Yes / No

If yes, please specify:

.....

3. Does your child need to take any form of medication on the excursion? Yes / No

If yes, please specify: (dose, frequency etc.)

.....

Does the medication need refrigeration? Yes / No

All medications should be clearly labelled, in original package and placed in a zip-lock bag with written instructions on how to administer. All medication MUST be accompanied by a doctor's letter and handed into the office the Monday prior to the excursion.

4. Has your child suffered from any acute illness during the past four months? Yes / No

If yes, please specify:



5. Has your child had any major surgery (knee, back, heart, etc.)? Yes / No
If yes, please specify:
6. Has your child been treated by a doctor during the last four weeks? Yes / No
If yes, please attach a doctor's report with instruction about medical treatment and a certificate stating that the participant is fit to attend.
7. Does your child have any allergies? (insects, food, medication, etc.) Yes / No
If yes, please specify:
.....
8. Does your child have any special dietary requirements? Yes / No
If yes, please specify:
.....
9. Does your son/daughter: wet the bed? Yes / No
sleep walk? Yes / No
10. Has your child had the Diphtheria Tetanus Toxoid booster injection? Yes / No
If yes, what date was the last booster given? / /
11. Do you give permission for Panadol or Nurofen to be administered to your son/
daughter if required? Yes / No

If answering **YES** to this question, **written instructions** must be
enclosed with **clearly labelled medication**.

Parent or Guardian Consent

- I give permission for the supervising teachers to administer medication/ pain relief to my child as per the written instructions enclosed with the medication.
- In the event of any accident or illness and I am unable to be contacted, I give permission for an accompanying teacher to seek medical attention on behalf of my child.

Signature of Parent/Guardian Date: / /



Budgewoi Public School

**TRAVEL SICKNESS NOTE
CANBERRA EXCURSION 2021**

Dear Parents,

Please complete this form and return to the office by **Monday 21st June**.

My child _____ of class _____

Please tick:

() does not suffer from travel sickness

() suffers from travel sickness on long journeys

If he / she does suffer from travel sickness, we request that you provide travel sickness tablets (or other similar medication) along with written instructions on how the medication should be administered.

Medication should be handed into the office in a clearly labelled zip-lock bag on the Monday morning prior to departure. ALL medication must be accompanied by a doctor's letter.

What other measures do you suggest to reduce the likelihood of travel sickness for your child?

I give permission for the supervising teachers to administer travel sickness medication to my child as per the instructions given.

Signed: _____

Date: _____