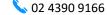


## Budgewoi Public School gewoi NSW 2262 02 4390 9166 budgewoi-p

Lukela Ave, Budgewoi NSW 2262



budgewoi-p.school@det.nsw.edu.au

## PERSONAL MEDICAL INFORMATION **CANBERRA EXCURSION 2021**

Parti	cipant Det	ails		
Surna	ame:			
Giver	n Name/s:		Date of Birth:	/ /
Addr	ess:			
Emer	gency Con	tact Details		
Pa	arent / 🔲 (	Guardian / Contact Person:	(Name in Full)	
Telep	ohone:	(Day time phone number) (After hours phone number)		Other)
Medi	ical Inform	ation		
Medi	icare Nº:		Ambulance Cover:	☐Yes / ☐No
Posit	ion on Me	dicare Card (eg. 1,2): Medicare Exp	ry:	
Priva	te Health I	nsurance Fund:		☐Yes / ☐No
Fund	Name:	Fund Policy N°:		
Pleas	se answer	the following medical questions regarding you	r child:	
1.	Is your chi	ld in good health?		☐Yes / ☐No
2.	Does your	child suffer any chronic illness, or disability?		☐Yes / ☐No
	If yes, plea	se specify:		
3.	Does your	child need to take any form of medication on t	he excursion?	☐Yes / ☐No
	If yes, plea	se specify: (dose, frequency etc.)		
	Does the n	nedication need refrigeration?		☐Yes / ☐No
i	instruction	tions should be clearly labelled, in original paces on how to administer. All medication MUST the Monday prior to the excursion.		_
4.	Has your c	hild 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 participant is fit to attend.	ent and a certificate stating that the
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? sleep walk?	Yes /No 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 so daughter if required?	on/ Yes /   No
	If answering <b>YES</b> to this question, written instructions must be enclosed with clearly labelled medication.	
Par	arent or Guardian Consent	
	☐ I give permission for the supervising teachers to administer medication/ p written instructions enclosed with the medication.	pain relief to my child as per the
	☐ In the event of any accident or illness and I am unable to be contacted, I g accompanying teacher to seek medical attention on behalf of my child.	ive permission for an
Sigr	gnature of Parent/Guardian Date:	/ /



## **Budgewoi Public School**

## TRAVEL SICKNESS NOTE CANBERRA EXCURSION 2021

Dear	Parents	S,			
Pleas	se comp	plete this form and return to the office by <b>Monday 21</b> st <b>June.</b>			
Му с	hild	of class			
Pleas	se tick:				
(	)	does not suffer from travel sickness			
(	)	suffers from travel sickness on long journeys			
		oes suffer from travel sickness, we request that you provide travel sickness tablets (or other ication) along with written instructions on how the medication should be administered.			
		should be handed into the office in a clearly labelled zip-lock bag on the Monday <u>morning</u> <u>arture</u> . ALL medication must be accompanied by a doctor's letter.			
Wha	What other measures do you suggest to reduce the likelihood of travel sickness for your child?				
_	•	ssion for the supervising teachers to administer travel sickness medication to my child as per ions given.			
Signe	ed:	Date:			