

# STUDENT HEALTH DETAILS and CONSENT FORM for EXCURSIONS

## STRICTLY CONFIDENTIAL

This information, that is required for each student participating on the excursion, will assist the school and supervising teachers in the preparation and planning of an excursion.

Student's name \_\_\_\_\_ Date of birth \_\_\_\_\_

Parent/guardian's full name \_\_\_\_\_

Address \_\_\_\_\_ Postcode \_\_\_\_\_

Telephone no. - home \_\_\_\_\_ Telephone no. - work \_\_\_\_\_

Telephone no. - mobile \_\_\_\_\_

Emergency contact details \_\_\_\_\_

Name of family doctor \_\_\_\_\_ Telephone no: \_\_\_\_\_

### Medical details

Is your child subject to seizures, fainting, epilepsy, diabetes or any other condition that may affect his or her safety during the excursion

Yes ☐ No ☐

If "yes", please give details:

### Is your child allergic to:

Penicillin ☐ Any food ☐

Any other drug ☐ Other ☐

Please give details \_\_\_\_\_

Date of last tetanus vaccination: \_\_\_\_\_

### Medication

Parents/guardians are requested to make arrangements with the teacher-in-charge for the safekeeping and handling of medications prior to the excursion.

Is your child presently taking tablets and/or other forms of medication? Yes ☐ No ☐

Does your child self-administer the medication? Yes ☐ No ☐

If "yes", state name of medication, dosage and frequency of use:

### Other information

Please provide any other information about your child which will enable the organisers of the excursion to provide better care for your child \_\_\_\_\_

### CONSENT

I am aware that any costs incurred as a result of accident or illness are my responsibility and that school staff are not responsible for any loss or damage to my child's personal property that may occur during the course of the excursion.

I agree to inform the organisers before the scheduled excursion departure of any change to my child's health and fitness so that appropriate supervision may be arranged. I acknowledge that, should it be considered necessary, school staff will arrange to present my child for medical assessment.

I have read and understood the information regarding the excursion and give my consent for my child to attend.

Signature of parent/guardian: \_\_\_\_\_

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