



**APPENDIX A (1)  
STUDENT MEDICAL DETAILS**

**STRICTLY CONFIDENTIAL**

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

**Student details**

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

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

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

Telephone: Home \_\_\_\_\_ Telephone: Work \_\_\_\_\_

Mobile: \_\_\_\_\_

Name of family doctor: \_\_\_\_\_ Telephone: \_\_\_\_\_

**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	<input type="checkbox"/>	Please give details	_____
Any other drug	<input type="checkbox"/>		_____
Any food	<input type="checkbox"/>		_____
Other	<input type="checkbox"/>		_____

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  Medication Name: \_\_\_\_\_

Does your child self-administer the medication?

Yes  No  Medication Dosage & Frequency: \_\_\_\_\_

**Other Information:** Please provide any other information which the organisers should be aware of:

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_