

Medical Information Update Record

Name of Excursion: _____

Student Name: _____ **Date of Birth:** _____

Is there any medical or psychological reason to prevent your child from participating in any of the activities outlined in the excursion letter? If yes, give details.

Medicare Number _____

Medical Practitioner:

Name of Family Doctor: _____

Address: _____

Telephone Number () _____

Details

Heart Problems	YES/NO	
Respiratory Problems eg asthma	YES/NO	
Allergies	YES/NO	
Travel Sickness	YES/NO	
Blood Pressure	YES/NO	
Operations	YES/NO	
Epilepsy	YES/NO	
Recent Illnesses	YES/NO	
Injections and when eg tetanus	YES/NO	
Drug reactions	YES/NO	
Phobias	YES/NO	
Other information	YES/NO	

Emergency Contact _____ Phone: _____

Address: _____

Current Prescribed Medication(s)

The medication(s) listed below has/have been prescribed for my son/daughter by a registered medical practitioner and will be required to be administered while my child is involved in the excursion indicated on this form.

I hereby request the teacher accompanying the excursion who has been authorised by the principal to administer the medication(s) in accordance with the instructions written on the medication container(s) by the pharmacist in accordance with the medical practitioner's instructions. I understand that all unused medication(s) will be returned to me.

Signature of parent/guardian _____

Printed name: _____ Date: _____

NAME OF MEDICATION	QUANTITY OF MEDICATION	TIMES FOR ADMINISTRATION