

**APPENDIX E  
STUDENT HEALTH FORM (MS2)**

**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 DETAILS**

Student's name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
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Parent/guardian's full name: \_\_\_\_\_  
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Address: \_\_\_\_\_ Postcode: \_\_\_\_\_  
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Telephone No. -Home: \_\_\_\_\_

- Work: \_\_\_\_\_

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

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  (Please give details)

Any other drug  \_\_\_\_\_

Any Food  \_\_\_\_\_

Other  \_\_\_\_\_

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:

Does your child have a current Health Care Authorisation Plan at School? Yes  No

**Other information**

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

Department of Education – Excursions

All Department of Education employees are required to comply with all policy and procedural statements of this document. Failure to do so may result in disciplinary action.