Mittagong Public School Medical Information Form

This information provided by ……..(*parent/carer's name)* on …….. (*date)* is being obtained for the purpose of conducting school excursions and activities safely.

It will be used by the NSW Department of Education and Training to meet student welfare needs.

Provision of this information is required by law. It will be stored securely.

You may correct any personal information provided at any time by contacting class teacher.

Student name: …… *Class*: ……

Medicare number: ……..

Parent or caregiver contact details

Name: ……

Address: ……

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Home phone: …….. *Work*: …….. *Mobile*: ……

Doctor contact details

Name: ……

Address: ……

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Doctor's telephone: *1.* …… *2.* ……

Emergency contact(s) details (nominated by the parent or caregiver as alternate contact)

1. Name: …… *Phone*: ……

2. Name: …… *Phone*: ……

List existing medical conditions or illnesses (include asthma, diabetes, epilepsy, allergies etc.). Outline the treatment for each.

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Medical conditions or illnesses continued

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Outline special dietary needs including possible reaction to inappropriate diet

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Medication(s) to be administered during the excursion. Include name of medication, instructions for administration, time of administration, and any possible reactions

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Signature: …… *Date*: ……

Please return this form by:

Friday 8/2/08

MITTAGONG PUBLIC SCHOOL
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