



KEILOR VIEWS PRIMARY

VISION · INTEGRITY · PRIDE

Confidential Medical Information for Excursions

The school will use this information if your child is involved in a medical emergency. All information is held in confidence. This medical form must be current when the excursion/program is run.

Parents are responsible for all medical costs if a student is injured on a school approved excursion. Parents can purchase student accident insurance cover from a commercial insurer if they wish to.

Student Behaviour

I understand that in the event of my son's/daughter's misbehavior or behavior that poses a threat to himself/herself or others during the excursion, he/she may be sent home. I further understand that in such circumstances I will be informed and that any costs associated with his/her return will be my responsibility.

I also understand that if my child does not abide by the school rules, behaving in a safe and sensible manner, he/she will not be permitted to attend the next excursion.

Cost of emergency transportation

In the event of an emergency I consent to my child being transported in a privately owned vehicle driven by a member of the staff.

Photograph Consent

I agree to my child being photographed and/or visual images of my child being taken during activities by the school for use in the school's publications, school's website or for publicity purposes without acknowledgement and without being entitled to any remuneration or compensation. *(Strike out if you do not consent).*

Student accident insurance

The Department of Education and Early Childhood Development does not provide student accident cover. Parents may wish to obtain student accident cover by a commercial insurer, depending on their health insurance arrangements and any other personal consideration.

Excursion/program name: _____

Date: _____

Student's full name: _____

Grade: _____

Parent/guardian's full name: _____

Name of person to contact in an emergency (if different from the parent/guardian):

Emergency telephone numbers: *After hours*

Business hours

Name of family doctor: _____

Address of family doctor: _____

Medicare number: _____

Medical/hospital insurance fund: _____

Member number: _____

Ambulance subscriber? Yes No If yes, ambulance number: _____

Please tick if your child suffers any of the following:

- Asthma (if ticked complete Asthma Management Plan)
- Bed wetting
- Blackouts
- Diabetes
- Dizzy spells
- Heart condition
- Migraine
- Sleepwalking
- Travel sickness
- Fits of any type
- Other: _____

Allergies

Please tick if your child is allergic to any of the following:

- Penicillin
- Other Drugs: _____
- Foods: _____
- Other allergies: _____

What special care is recommended for these allergies? _____

Year of last tetanus immunisation: _____
(Tetanus immunisation is normally given at five years of age (as Triple Antigen or CDT) and at fifteen years of age (as ADT))

Medication

Is your child taking any medicine(s)? Yes No
If yes, provide the name of medication, dose and describe when and how it is to be taken.

All medication must be given to the teacher-in-charge. All containers must be labelled with your child's name, the dose to be taken as well as when and how it should be taken. The medications will be kept by the staff and distributed as required. Inform the teacher-in-charge if it is necessary or appropriate for your child to carry their medication (for example, asthma puffers or insulin for diabetes). A child can only carry medication with the knowledge and approval of both the teacher-in-charge and yourself.

Medical consent

Where the teacher-in-charge of the excursion is unable to contact me, or it is otherwise impracticable to contact me, I authorise the teacher-in-charge to:

- Consent to my child receiving any medical or surgical attention deemed necessary by a medical practitioner.
- Administer such first-aid as the teacher-in-charge judges to be reasonably necessary.

Authorisation

Name of parent/guardian _____
Signature of parent/guardian (named above) _____
Date: _____

PLEASE COMPLETE ALL SECTIONS OF THIS FORM (WHERE APPLICABLE).
Please contact the student's classroom teacher if you require excursion details (including cost).