Medical information form

It will be used by the NSW Department of Education and Training for School,…Excursion & Sporting Events……...

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

If you do not provide all or any of this information then …your child will not be able to attend…excursions or sporting events or functions outside of school……

You may correct any personal information provided at any time by contacting ……

Student name: …… *Class*: ……

Parent or caregiver contact details

Name: ……

Address: ……

……

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

Doctor contact details

Name: ……

Address: ……

……

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.

……
……
……
……
……
……
……
……
……

Medical conditions or illnesses continued

……

……
……

……
……
……
……
……
……
……
……

Outline special dietary needs including possible reaction to inappropriate diet

……

……
……

……
……
……

……
……

……
……

……
……

……

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

……

……
……

……
……
……
……

……
……

……
……

……
……

Signature: …… *Date*: ……

Please return this form by: ……..…..