



# MEDICAL INFORMATION FORM

The information provided below is being obtained for the purpose of ascertaining relevant medical information, requirements and other health care related needs about your child who is currently enrolled at Stanmore Public School and who may participate in school excursions, sporting activities or other educational or school activities conducted by or in conjunction with Stanmore Public School.

It will be used by the officers of the NSW Department of Education and Communities to assist planning, to support students and to minimise risks when conducting school excursions, sporting or other school activities.

Other persons and/or agencies that will be provided with this information include, but are not limited to, volunteers and members of external organisations who join with the school or are otherwise involved in the planning or delivery of the excursion, sporting or other school activity; and persons that may be called upon to provide health care treatment or other assistance during or as a consequence of such excursions or activities.

Provision of this information is required by law, however a failure to provide the information may mean that your child cannot participate in a particular excursion or school activity. In such circumstances the school will make available a sound alternative educational experience.

Provision of this information will significantly assist the school in planning a safer educational activity. It will be stored securely. If you have any concerns about the provision of this information, please contact the Principal to discuss further. You may correct any personal information provided at any time by contacting the school office on 9569 1638.

Fran Larkin  
**Principal**

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## Student Details

Student name: ..... Class: .....

Medicare No: .....

## Parent / Caregiver Contact Details

Name: .....

Address: Street: .....

City/Suburb: .....

Post code: .....

Home Tel: .....

Work Tel: .....

Mobile Tel: .....

## Doctor's Contact Details

Name: .....

Address: Street: .....

City/Suburb: .....

Post code: .....

Tel: .....

## Emergency Contact(s) Details (nominated by the parent / caregiver as alternate contact)

1. Name: ..... Tel: .....

2. Name: ..... Tel: .....



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

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Outline special dietary needs including possible reaction to inappropriate diet.

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# MEDICAL INFORMATION FORM

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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Print name: ..... Sign: ..... Date: ...../...../.....