

# Tumut Public School

## Excursion Medical Form

### Privacy advice

The information provided on \_\_\_\_\_ (date) by \_\_\_\_\_ -  
\_\_\_\_\_ (name)

is being obtained for the purpose of ascertaining relevant medical information, requirements and other health care related needs about \_\_\_\_\_ (student's name) who is currently enrolled at the school and who may participate in school excursions, sporting activities or other educational or school activities conducted by or in conjunction with Tumut Public School.

It will be used by 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 or agencies that may 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 not required by law. However, a failure to provide the information may mean that your child can not 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 provision of this information, please contact the school principal to discuss further.

You may correct any personal information provided at any time by contacting the School Office.

### Please fill out the following details:

Name of Student: \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Class \_\_\_\_\_ Medicare No \_\_\_\_\_

### Parent or Caregiver Contact Details

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

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

1. Name \_\_\_\_\_ Phone \_\_\_\_\_
2. Name \_\_\_\_\_ Phone \_\_\_\_\_

**Doctor Contact Details**

Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

**List existing medical conditions or illnesses** (including asthma, diabetes, epilepsy , allergies etc) and provide outline of treatment for each condition

Condition	Treatment

**Medication to be administered during excursion**

Name of Medication	Time of Administration	Dosage	Possible Reaction

**Outline any special dietary needs and food allergies your child has**

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**\*\*Signed:****Date:**

**All medications to be given to the supervising teacher in a sealed and labelled container prior to departure.**