

Medical Information Form – Day Excursions

The Department of Education requires the information requested in this form for all students participating in day excursions involving adventure activities, to plan for and support the health care needs of students.

This form must be completed by a parent/carer prior to their child going on the excursion. The information provided must be current at the time of the excursion. Parents/carers will also receive detailed information about the excursion/program prior to participation and be provided with a parent consent form. Any questions about excursions will be answered by the school.

First Aid and Medical Assistance

If there is a situation or incident which requires first aid to be administered to a student, school staff will administer first aid that is reasonably necessary and appropriate to their level of training. School staff will also seek emergency medical attention for a student if it is considered reasonably necessary. In the event that a student needs medical attention during the excursions, school staff will contact their parent/carer as soon as practically possible.

Parents/carers are responsible for all medical costs if a student becomes ill or injured on a school approved excursion unless it is found that the illness or injury was caused by the Department of Education failing to discharge its duty of care. Parents/carers can purchase student accident insurance cover from a commercial insurer if they wish to.

Privacy Statement

The personal and health information collected in this form, and attachments, will be managed securely and accessed only by staff and volunteers, on a need-to-know basis, and in accordance with the Department of Education Schools' Privacy Policy which applies to all government schools (available at: <http://www.education.vic.gov.au/Pages/schoolsprivacypolicy.aspx>) and the law. In the event of a medical emergency, information will be provided, as required, to emergency services and medical practitioners.

Excursion/program name: Date(s):

Student's full name:

Year level:

Parent/carer's full name:
Emergency telephone numbers: <i>After hours</i> <i>Business hours</i>

Name of person to contact in an emergency (if different from the parent/carer):
Emergency telephone numbers: <i>After hours</i> <i>Business hours</i>
<i>Please ensure the person you list here is aware you have provided their contact information for this purpose</i>

Please tick if your child is living with any of the following health conditions:

- Asthma (if ticked complete Asthma Management Plan)
- Anaphylaxis (if ticked review and update the Individual Management Plan)

- Blackouts Diabetes Dizzy spells Migraine
 Heart condition Travel sickness Seizure of any type
 Other: _____

Swimming ability

Please tick the distance your child can swim comfortably.

- Beginner swimmer** – little or no experience including in shallow water.
 Intermediate swimmer – basic skills, able to swim 25 metres with a recognisable stroke.
 Advanced swimmer – able to swim 50 to 100 metres using two recognisable strokes and to demonstrate one survival stroke in deep water.

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

Will your child require any medication during the excursion period? 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, and when and how it should be taken. The medications will be kept by 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.

I declare that all information provided is current and accurate:

Signature of parent/carer (named above) _____

Date: _____