

MEDICAL INFORMATION FORM

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.

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Outline special dietary needs including possible reaction to inappropriate diet

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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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Signed _____ Date _____

Please return this form by 20th March, 2006.