



Redhead Public School

Principal: Mrs Lisa Monaghan

Thursday 2nd August 2018

Stage 3 Canberra Excursion Medical Consent Form

Tuesday 21st August – Friday 24th August 2018

Please return this note by Friday 10th August 2018

Name of Student :		Date of Birth:	
Address:		Suburb:	P/Code:
Home Phone:			
Carer 1 Name:		Carer 2 Name:	
Carer 1 Mobile Number :		Carer 2 Mobile Number :	
Name of Emergency Contact (Should you not able to be contacted in an emergency) :			
Relationship :		Phone:	Mobile:
Medicare Number:		Ambulance Cover :	Yes No
Private Health Insurance :		Yes No	Details:
Does your child suffer from any chronic illness? Yes No Details:			
Does your child suffer from any allergies? Yes No Details:			
Does your child have an Anaphylaxis or Asthma management plan? Yes No If yes, please attach your child's ASCIA Action Plan or Asthma plan.			
Does your child suffer from any behavioral problems? (e.g. ADD, ADHD, Autism etc.) Yes No Details:			
Has your child had any major surgery? Yes No Details:			
Has your child had the Diphtheria Tetanus Toxoid Booster Injection? Yes No Details:			
Has your child suffered from any acute illness in the past four months? Yes No Details:			



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Does your child suffer from travel sickness?	Yes	No	Details:
Does your child wet the bed?	Yes	No	Details:
Is your child a sleepwalker?	Yes	No	Details:
Do you give permission for Paracetamol to be administered, if required?	Yes	No	Details:
Does your child require regular medication? (Please detail dosage, frequency, refrigeration etc)			
Yes	No	Details:	
<p><i>Please note that any medication your child needs whilst away, must be put in envelopes with the instructions for each day clearly written on the outside.</i></p> <p><i>** Please provide extra details regarding medication and medical conditions as an attachment to this page** Please complete the attached form providing details of all prescribed medication.</i></p> <p><i>Please provide required medication, clearly labeled, to your child's classroom teacher on Monday 20 August 2018.</i></p>			

In the event of illness or accident I give permission for the accompanying teachers to seek medical attention for my child. I also agree to cover the cost of any medical fees that may arise as a result.

Signed: _____ Date: _____
Parent/Carer signature

Name (Please Print): _____

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Request for children requiring administration of prescribed medication on school excursion

(Note: if your child is to take more than one prescribed medication, please attach a separate request for each medication.)

Please provide all required medication, clearly labeled, to your child's classroom teacher on Monday 20th August 2018.

Please complete this form on the basis of information provided by your medical practitioner and/or pharmacist and return it to the school. The school will then contact you again to confirm arrangements.

Please advise the school principal at any time if there are changes in the information about your child's health care needs.

Name of child:

Roll Class:

Name of prescribed medication: _____

Prescribed for (name of medical condition):

Prescribed dosage:

What are you requesting the school to do?

Medication

Special storage requirements if any e.g. in refrigerator:

Special instructions for administering the prescribed medication/s e.g. must be taken with food or with a glass of water:

Through information you have from your doctor or acquired yourself, are you aware of any likely side effects from the prescribed medication?

Yes No If Yes, Please provide more information:

Medical Practitioner Name: _____ Phone: _____

Address: _____

Parent or carer signature: _____ Date: _____

Parent Name: _____

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