



Queanbeyan Public School

Creating opportunities, building relationships, achieving success



MEDICAL INFORMATION FORM 2019

Privacy Advice

The information provided on this form is being obtained for the purpose of ascertaining relevant medical information requirements and other health care related needs about your child who may participate in excursions, sporting activities or other educational or school activities or other educational or school activities conducted by or in conjunction with your school.

The information will be used by officers of the NSW Department of Education and Training 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 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 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 an alternative educational experience.

Provision of the information will significantly assist the school in planning a safer educational activity. This information 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 at any time by contacting the school office.

Student

Name: _____ Class: _____

Medicare Number (optional) _____

Parent or Caregiver contact details

Name: _____

Address: _____

Home phone: _____ Work phone: _____ Mobile: _____

Doctor contact details

Name: _____

Address: _____

Telephone: _____

Emergency/Alternative contacts

1. Name _____ Phone _____

2. Name _____ Phone _____

Existing Medical Conditions or Illnesses (include asthma, diabetes, epilepsy, allergies, etc)

Outline treatment for each.

Outline **special dietary needs** including possible reaction to inappropriate diet:

Medication/s to be administered during the excursion. Include the name of medication, instructions for administration, time of administration, and any possible reactions. _____

Signature of Parent/Caregiver: _____ Date: _____