



BRISBANIA PUBLIC SCHOOL

"BELIEVE, PERSEVERE, SUCCEED"

1 HIGH STREET

SARATOGA NSW 2251

MEDICAL INFORMATION FORM - OVERNIGHT EXCURSIONS

CHILD'S NAME:..... DATE OF BIRTH:.....

THIS INFORMATION WILL BE TAKEN ON THE EXCURSION FOR USE IF NEEDED SO PLEASE ENSURE THAT IT IS ACCURATE. IT WILL BE TREATED AS CONFIDENTIAL INFORMATION.

- 1. Does he/she wet the bed? If the answer is yes, how often? YES/NO
- 2. Has he/she been fully immunised against tetanus? YES/NO
- 3. If yes, in what year was the last booster injection given?
- 4. I authorise the teacher in charge to administer Panadol to my child if he/she is suffering from headache. YES/NO
- 5. I authorise the teacher in charge to administer travel sickness medication to my child if he/she is suffering from motion sickness. YES/NO
- 6. I also give permission for my child to view "PG" rating movies that have been selected by the staff. YES/NO
- 7. In the event that your child should need medical attention it would assist if you could supply the relevant health insurance information: YES/NO

PRIVATE HEALTH INSURANCE:

INSURANCE COMPANY:..... MEMBERSHIP NUMBER:.....

- 8. In the event of any accident or illness, I authorise the obtaining, on my behalf, of such medical assistance as my child may require.
- 9. I also undertake to pay medical fees and/or cost of medicines which may be incurred while my child is on the excursion.

Emergency Contact 1

Name _____ Number _____

Emergency Contact 2

Name _____ Number _____

SIGNED:..... DATE:.....
(Parent/Guardian)