



STUDENT HEALTH FORM [PMS2] STRICTLY CONFIDENTIAL

This information, that is required for each student participating on the excursion, will assist the school and supervising teachers in the preparation and planning of an excursion.

STUDENT DETAILS

Student's name: _____ Date of birth: _____

Parent/guardian's full name: _____

Address: _____ Postcode: _____

Telephone No. - home: _____
- work: _____
- mobile: _____

Name of family doctor: _____ Telephone No: _____

Medical details

Is your child subject to seizures, fainting, epilepsy, diabetes or any other condition that may affect his or her safety during the excursion.

Yes [] No []

If "yes", please give details: _____

Is your child allergic to:

Penicillin [] (Please give details) _____
Any other drug [] _____
Any food [] _____
Other [] _____

Date of last tetanus vaccination: _____

Medication

Parents/guardians are requested to make arrangements with the teacher-in-charge for the safekeeping and handling of medications prior to the excursion.

Is your child presently taking tablets and/or other forms of medication? Y [] No []

Does your child self-administer the medication?

Yes [] No []

If "yes", state name of medication, dosage and frequency of use:

Other information

Please provide any other information about your child which will enable the organizers of the excursion to provide better care for your child.