## MORISSET PUBLIC SCHOOL STAGE 3 SYDNEY ZOO SNOOZE EXCURSION 2022



## **Medical information form**

The information provided on by you on the signed date is being obtained for the purpose of ascertaining relevant medical information, requirements and other health care related needs about you child who is currently enrolled at the school and who may participate in school excursions, sporting activities or other educational or school activities conducted by or in conjunction with Morisset Public School

It will be used by the NSW Department of Education and Communities 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 this 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 excursions or activities.

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 a sound alternative educational experience.

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

Student name:	Class:				
Medicare number					
Parent or caregiver contact details					
Name:					
Address:					
Home phone: Work:	Mobile:				
Doctor contact details					
Doctor's Name and					
Telephone No					
Date of last tetanus booster					
Emergency contact(s) details (nominated by the parent or caregiver as alternate contact)					
contact)					
1. Name:	Phone:				

List existing medical conditions or illnesses (include asthma, diabetes, epilepsy, allergies etc.). Outline the treatment for each.				
Outline amorial distant monda including passible weeking to incompanie to dist				
Outline special dietary needs including possible reaction to inappropriate diet				
Medication(s) to be administered during the excursion. Include name of medication, instructions for administration, time of administration, and any possible reactions				
Please give any further details about your child that will assist supervising staff,				
eg bed wetting, sleepwalking, periods etc.				
In the event of any incident or illness, I authorise the obtaining on my behalf of such assistance as my child may require by the supervising staff.				
Signature: Date:				
Please return this form before Monday September 19 2022				