**BRIBIE ISLAND STATE HIGH SCHOOL**

EXCURSION PERMISSION / MEDICAL INFORMATION FORM

STUDENT NAME: RC: STUDENT NO:

DATE OF BIRTH: RELIGION:

PARENT/GUARDIAN:

ADDRESS:

HOME PH: WORK PH: MOBILE NO:

WILL THE PARENTS/GUARDIAN BE HOME DURING THE EXCURSION? YES or NO

EMERGENCY CONTACT NAME & PHONE:

MEDICAL PRACTITONER: PHONE NO:

MEDICARE NO: ARE YOU IN A PRIVATE HEALTH FUND? YES or NO

IF SO, NAME OF FUND: TABLE:

HAS YOUR CHILD HAD A TETANUS BOOSTER IN THE LAST 12 MONTHS? YES or NO

DOES YOUR SON/DAUGHTER SUFFER FROM ANY OF THE FOLLOWING?

|  |  |  |  |
| --- | --- | --- | --- |
| * Asthma | * Other Respiratory Problems | * Phobias | * Recent Illness |
| * Diabetes | * Allergies (Food/Drugs/Ointments) | * Other Allergies | * Travel Sickness |
| * Epilepsy | * Heart Problems | * Blood Pressure | * Others, Please list |

IF YES TO ANY OF THE ABOVE GIVE FULL DETAILS:

PRESCRIBED MEDICATION DETAILS: Include dosage, frequency and any doctor’s instructions.

Problems either medical or physical which would limit your son/daughters full participation in any activity.

The personal details requested are to enable contact to be made with a student's parent in the event of an emergency and are STRICTLY CONFIDENTIAL and are dispensed with at the conclusion.

I have impressed upon my son/daughter the need to maintain the highest standards of dress that are expected by the school.

I enclose payment of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [if applicable].

I hereby authorise the supervisor to obtain such medical attention as may be deemed necessary and I understand that I am responsible for the costs.

I further authorise qualified practitioners to administer anaesthetic and blood transfusion if the necessity arises.

*Parents/Guardian Signature: Date: / /*