**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
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| * Diabetes
 | * Allergies (Food/Drugs/Ointments)
 | * Other Allergies
 | * Travel Sickness
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| * 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: / /*