



Belmay Primary School

410 Sydenham Street, Cloverdale WA 6105

Ph: (08) 9479 1393 Fax: (08) 9479 1073

Principal: Mrs Pippa Gillett Registrar: Mrs Julie Horwood

Confidential Medical Report for Educational Excursions

This confidential report is intended to assist the school and supervising teachers in case of any emergency with your child. Please use block letters. (This signed consent is required for all children attending school camps and extended educational excursions)

Student's Name Yr.....Room.....
Date of Birth...../...../.....

Parent's/Guardian's full name.....

Address.....

..... Phone.....

Emergency Contact Business Hours..... Phone.....

Emergency Contact after Hours..... Phone.....

Name of family Doctor Phone.....

Medicare Number Exp Date..... Ambulance Fund [Y / N]

Medical/Hospital Insurance Fund Membership No.....

Please tick if your child suffers from any of the following:

- | | | | | | |
|--------------------------|------------------|--------------------------|---------------|--------------------------|-----------------|
| <input type="checkbox"/> | Heart Condition | <input type="checkbox"/> | Sleep Walking | <input type="checkbox"/> | Travel Sickness |
| <input type="checkbox"/> | Fits of any type | <input type="checkbox"/> | Blackouts | <input type="checkbox"/> | Dizzy Spells |
| <input type="checkbox"/> | Migraine | <input type="checkbox"/> | Asthma | <input type="checkbox"/> | Bed Wetting |
- Other (Please provide adequate information.....)

Allergies to:

- | | | | |
|--------------------------|------------------------------|--------------------------|-------------------------------------|
| <input type="checkbox"/> | Penicillin | <input type="checkbox"/> | Other Drugs (Please list below |
| <input type="checkbox"/> | Any food (Please list below) | <input type="checkbox"/> | Other Allergies (Please list below) |

What special care is recommended?

Tetanus immunisation

Last immunisation was on/...../..... If over 10 years since last immunisation, please tick if booster is to be arranged by parent/guardian before excursion . Booster date/...../.....

Tablets and Medicines

If your child is presently taking tablets and/or medicine, please state name of medicine and dosage.

Arrangements for safe-keeping and handling of medicines are to be made prior to the excursion.

Consent to Medical/Dental attention

Where it is not practical to communicate with me, I authorise the teacher in charge of the excursion to consent to my child receiving such Medical/Dental treatment as may be considered necessary.

Signed Date...../...../20.....