Hanwood Public School
Excursion Medical Consent Form

Participant Details	
First Name	Last Name
Date of Birth / /	Postal Address

Parent/Guardian Details (Emergency Contact No. 1)		
First Name	Last Name	
Home Phone	Work Phone	Mobile
Relationship to participant: ❒ Parent ❒ Guardian ❒ Grandparent ❒ Family Member		

Emergency Contact (No. 2)		
First Name	Last Name	
Home Phone	Work Phone	Mobile
Relationship to participant: ❒ Parent ❒ Guardian ❒ Grandparent ❒ Family Member ❒ Friend		

Health Details and Related Information (Please tick relevant options)					
❒ Diabetes	❒ Epilepsy	❒ Current illness	❒ Disability	❒ Chronic illness	❒ Sleep Walking
❒ Allergies	❒ Asthma (please provide plan)		❒ Behavioural Issues		❒ Bed Wetting
❒ Anaphylaxis (Is an Epipen required?) ❒ Yes (Please provide) ❒ No				❒ Autism	❒ Car sickness
❒ Other: (please identify)			❒ Attention Deficit Disorder (ADHD or ADD)		
Other relevant details:					

Health Insurance and Medicare Details		
Private Health Insurance: ❒ Yes ❒ No	Ambulance Cover: ❒ Yes ❒ No (Number)_____	
Private Health Insurance Fund:		Number:
Medicare Number:	Position on Card:	Expire date: / /
Family Doctor:	Phone:	Address:

Current Medication (Note: Prescribed medication must be in original packaging and in the participant's name)		
Name of Medication	Dosage Required	Time Dosage is Required

If my child becomes travel sick, I give permission for the teacher in charge to administer the travel sick medication I (the parent/carer) have provided.

❒ Yes, I give permission Amount: ❒ one ❒ two or ❒ as required (in accordance to package instructions)

Special Requirements/Dietary Needs or Medication/Time Required/Dosage
Please identify any special needs or requirements not listed above or additional information that is required for your child:

NOTE: Only prescription medication can be administered by school staff. If your child requires OVER THE COUNTER medication (such as Panadol, Claratyne etc) A SCRIPT STICKER MUST BE PRESENT ON THE MEDICATION BOX IN YOUR CHILD'S NAME. Your doctor is able to write a prescription for these medications to allow safe administration.

Parent/Guardian Consent:		
I agree for my child/ward to attend this excursion and to undertake all activities. I certify that all details above are true and correct. I authorise in the case of an emergency for staff to access medical attention for my child/ward as necessary.		
Name of parent/guardian	Signature	Date / /