



STUDENT MEDICAL DETAILS FORM
PADBURY PRIMARY SCHOOL

STRICTLY CONFIDENTIAL

This information is required for each student participating on the excursion and will assist the school and supervising teachers in the preparation and planning of the excursion.

Student details

Student's name _____ Date of birth _____

Parent/guardian's full name _____

Address _____ Postcode _____

Telephone no. - home _____ Telephone no. - work _____

Telephone no. - mobile _____

Name of family doctor _____ Telephone no: _____

Medical details

Is your child subject to seizures, fainting, epilepsy, diabetes or any other condition that may affect his or her safety during the excursion

Yes No

If "yes", please give details:

Is your child allergic to:

Penicillin	<input type="checkbox"/>	Please give details	_____
Any other drug	<input type="checkbox"/>		_____
Any food	<input type="checkbox"/>		_____
Other	<input type="checkbox"/>		_____

Date of last tetanus vaccination: _____

Medication:

Parents/guardians are requested to make arrangements with the teacher-in-charge for the safekeeping and handling of medications prior to the excursion.

Is your child presently taking tablets and/or other forms of medication?

Yes No Medication Name: _____

Does your child self-administer the medication?

Yes No Medication Dosage & Frequency: _____

Other Information: Please provide any other information which the organisers should be aware of:



PADBURY PRIMARY SCHOOL

Interm Swimming Parental Consent

Please return to classroom teacher by Monday 15th May 2017.

I have read and understood the attached information regarding Interm swimming lessons for Pre Primary to Year 6 students at Craigie Leisure Centre from Monday 22nd May 2017 to Thursday 1st June 2017 (inclusive) and I understand the nature of the activities proposed.

I am aware:

- that any costs incurred as a result of accident or illness are my responsibility; and
- that school staff are not responsible for any loss or damage to my child's personal property that may occur during the course of the excursion.

I agree to inform the organisers well before the scheduled excursion departure of any change to my child's health and fitness so that appropriate supervision may be arranged.

I acknowledge that, should it be considered necessary, school staff will arrange to present my child for medical assessment and treatment.

I have completed the requested medical details overleaf and if necessary, I can be contacted at:

Home Phone:

Work Phone:

Mobile Phone:

I give my consent for my son/daughter _____ to attend.

I have included payment of: \$57.00

Signature of parent/guardian: _____

Date: _____

**PLEASE COMPLETE BOTH SIDES OF THIS FORM AND
RETURN IT TO YOUR CHILD'S TEACHER**