

Outdoor School
Medical Information Form — Valid 2018
 For Practicum Placement and Work Experience Students

This information is intended to assist Outdoor School in case of any medical emergency with your child or a VT. All information is held in confidence.

School: _____ **Year Level** _____

Full Name : _____ **Date of Birth:** _____ **Male/Female**

Parent details are required if Medicare is used.

Parent/Guardian/Contact Person's Full Name: _____ **D.O.B.** _____

Address: _____

Home email Address: _____

Home Phone: _____ **Work Phone:** _____ **Mobile Phone:** _____

Name & Address of Family Doctor: _____

Medicare No: _____ **Valid to:** ____/____ **Child's Number (eg. 2, 3, 4):** _____

Medical/Hospital Insurance Fund: _____ **Member No:** _____

Ambulance Subscriber: Yes — No If yes, member number: _____

Tick	Item	Details
	Diabetes	
	Dietary Requirements	
	Dizzy Spells/Blackouts	
	Fits Of Any Type	
	Hay Fever	
	Heart Condition	
	Migraines	
	Physical Difficulties	
	Previous Injuries	
	Sleepwalking	
	Travel Sickness	
	Bedwetting	
	Other	

Please tick the box on the left if your child suffers any of the following:

<input type="checkbox"/>	Anaphylaxis	If ticked you MUST attach the appropriate completed Anaphylaxis Action Plan.
<i>Responsible person is:</i>		<i>Please state below who will be responsible for carrying the EpiPen/Anapen?</i>

<input type="checkbox"/>	Allergies	If ticked you MUST complete and attach the Allergic Reactions Action Plan.
<input type="checkbox"/>	Asthma	If ticked you MUST complete and attach the Asthma Action Plan.

Year of Last Tetanus Immunisation:	_____	(Note: Tetanus immunisation is normally given at 5 years of age — as Triple Antigen or CDT and at 15 years of age — as ADT.)
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Medication – Is your child presently taking tablets and or medicine? YES / NO (If yes please detail below.)

Condition	Medication	Dosage	When given & instructions.

Swimming Ability: please tick the distance your child can swim comfortably.

Cannot Swim
 Weak Swimmer (<50m)
 Fair Swimmer (50-100m)
 Competent Swimmer (100-200m)
 Strong (200m+)

Signature of Parent/Guardian: _____

Date: _____

DET requires this consent to be signed for all students and teachers attending school excursions.