



# Katoomba Public School EXCURSION MEDICAL FORM

**Students must have a completed medical form on file with the school to be able to attend excursions**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Caregiver Names:

\_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

If Parent/Carer is unavailable please contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Known Allergies & Treatment (include food allergies, allergy to penicillin etc):

\_\_\_\_\_  
\_\_\_\_\_

Special Conditions (e.g. Asthma, Injury, Disability):

\_\_\_\_\_  
\_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

When to be given: \_\_\_\_\_

**(Please ensure that medication is given to the teacher prior to departure)**

Please detail any other information that we should be aware of: \_\_\_\_\_

\_\_\_\_\_

In case of accident or serious injury, I hereby give permission to the supervising teacher to obtain medical attention as may be required for my child on my behalf.

Medicare#: \_\_\_\_\_

Signed: \_\_\_\_\_ (Parent/Caregiver)

Date: \_\_\_\_\_

**IT IS EXTREMELY IMPORTANT THAT YOU NOTIFY THE SCHOOL IMMEDIATELY THERE IS ANY CHANCE TO ANY DETAILS GIVEN ON THIS FORM OR ANY ADDITIONAL INFORMATION THE SCHOOL SHOULD BE AWARE OF**

