



**Farmborough Road
Public School**

Canberra Overnight Excursion Medical Consent & Information

Student Given Names: _____ Surname: _____

Address: _____

Town/Suburb: _____ State: _____ Postcode: _____

Parent/Carer's Name: _____

Phone (home): _____ Mobile 1: _____

Work: _____ Mobile 2: _____

Medical Information:

1. Does your child suffer from any medical condition (eg: Anaphylaxis, asthma, epilepsy). If relevant, please provide a current ACSIA Action Plan and/or details of the medical management program that staff may need to be aware of:

2. Is your child currently taking medication? If 'Yes', please give details of any medication your child is currently taking and provide a dispensing routine. Medication should be clearly labelled in a Webster Pack or in original packaging showing your child's name, dosage amounts and times. Only medication in the child's name will be administered.

IMPORTANT NOTE

When a medical practitioner has prescribed medication (including emergency medication) that will need to be administered during the excursions, parents are responsible for:

- Bringing this need to the attention of the school
- Ensuring that the information is updated if changes
- Supplying the medication and 'consumables' necessary for its administration in a timely way. The medication should be well within its expiry date.
- Collaborating with the school in working out arrangements for the supply and administration of the prescribed medication for the duration of the excursion.

If your child requires any prescription medication whilst on camp, please call the school office by Friday 29th April. We will create a plan with you and the supervising teachers to ensure your child receives the appropriate care.

3. Does your child suffer from common allergies: If yes, please provide details:

4. Does your child have any dietary requirements? If so please provide details:

5. Date of last tetanus shot? _____

6. Medicare Number _____ Position on card _____

Expiry Date _____

Private Health Fund Name _____ Number _____

I understand my child will receive medical treatment in the case of an emergency

Parent/Carer Signature

Date