KENT ROAD PUBLIC SCHOOL OVERNIGHT EXCURSION – ZOOSNOOZ

WEDNESDAY 10th/THURSDAY 11th OR THURSDAY 11th/FRIDAY 12th April 2019

Dear Parents,

Medical Information Form

The information provided on is being obtained for the purpose of ascertaining relevant medical information, requirements and other health care related needs about your child who is currently enrolled at the school and who may participate in school excursions, sporting activities or other educational or school activities conducted by or in conjunction with Kent Road P.S.

It will be used by officers of the NSW Department of Education and Training to assist planning, to support students, and to minimise risks when conducting school excursions, sporting or other school activities.

Other persons or agencies that may be provided with this information include, but are not limited to, volunteers and members of external organisations who join with the school or are otherwise involved in the planning or delivery of the excursion, sporting or other school activity; and persons that may be called upon to provide health care treatment or other assistance during or as a consequence of such excursions or activities.

Provision of this information is not required by law. However, a failure to provide the information may mean that your child can not participate in a particular excursion or school activity. In such circumstances the school will make available a sound alternative educational experience.

Provision of this information will significantly assist the school in planning a safer educational activity. It will be stored securely. If you have any concerns about provision of this information, please contact the school principal to discuss further.

You may correct any personal information provided at any time by contacting the school office.

Student name:		Class:2	
Medicare number (optional)			
Parent or caregiver contact details			
Name:			
Address:			
Home Pho	ne: Work:	Mobile:	
Doctor contact details			
Name:			
Address:			
Doctor's telephone: 2			
Emergency contact(s) details (nominated by the parent or caregiver as alternate contact)			
1. Name:		Phone:	
2. Name:		Phone:	

List existing medical conditions or illnesses (include asthma, diabetes, epilepsy, allergies etc.). Outline the treatment for each.		
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Outline special dietary needs (for example: vegetarian), allergies to food types, including		
possible reaction to inappropriate diet		
Medication(a) to be administered during the everyoish Include name of medication		
Medication(s) to be administered during the excursion. Include name of medication,		
instructions for administration, time of administration, and any possible reactions		
Any other information teachers should be aware of? (for example: sleep walking, bed wetting?)		
motting.)		
Signature: Date:		
Please return this form by: Friday 22nd March 2019		