

CULCAIRN PUBLIC SCHOOL  
Years 5 and 6 Bathurst Excursion  
2 November 2020 – 4 November 2020

MEDICAL AND PERMISSION FORM

Please complete and return to Mrs Smith by Friday 23 October 2020.

Christian Name: \_\_\_\_\_ Surname: \_\_\_\_\_

DOB: \_\_\_\_\_ AGE Years: \_\_\_\_\_ Months: \_\_\_\_\_ SEX: Female/Male

Parent's/Caregiver's Names: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Alternative Number; \_\_\_\_\_

**Emergency contact(s) details (nominated by the parent or caregiver as alternate contact)**

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**In the event that your child should need medical attention, it would assist if you could supply the relevant information:**

Medicare Number: \_\_\_\_\_

Private Health Fund: \_\_\_\_\_ Number: \_\_\_\_\_

Ambulance Cover: YES / NO

Date of your child's last Tetanus Needle: \_\_\_\_\_

**Doctor contact details**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Doctor's telephone: \_\_\_\_\_

- Any student attending the excursion with a medical problem should bring a letter from their doctor regarding treatment.
- Medication bought on the excursion should be clearly marked with the student's name, dosage and dosage time.
- Medication should be handed to Mrs Smith prior to departure.
- Asthma medication is to be carried by the student.
- A record detailing date, time and dosage will be kept of all medication administered to students
- If special dietary requirements are needed please notify Mrs Smith at least 1 week prior to departure.

**PLEASE ANSWER THE FOLLOWING QUESTIONS**

1. Is your child in good health? YES/NO
2. Does your child suffer from any chronic illnesses or disabilities? YES/NO  
If YES please list below:

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3. Has your child suffered any acute illnesses in the past 4 weeks? YES/NO  
If YES please list below:

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4. Has your child been treated by a doctor for any injury in the past 4 weeks? YES/NO  
If YES, please obtain a medical certificate from the Doctor with instructions regarding ongoing treatment and confirming that your child is able to attend the excursion.

5. Is your child taking any form of medication? YES/NO  
If YES please list below:

Name of Medication	Dosage	Time to be Taken	Condition/Reason

6. Does your child suffer from:
- |                                      |        |
|--------------------------------------|--------|
| 1. Asthma                            | YES/NO |
| 2. Skin Conditions                   | YES/NO |
| 3. Diabetes                          | YES/NO |
| 4. Epilepsy, fits and blackouts      | YES/NO |
| 5. Allergy to any drug or medication | YES/NO |
| 6. Allergies of any kind             | YES/NO |
| 7. Any other medical condition       | YES/NO |

If YES please give details:

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7. Does your child wet the bed? YES/NO How often? \_\_\_\_\_

8. Has your child had the combined booster injection? YES/NO

9. Does your child have any special dietary requirements? YES/NO  
If YES please list below:

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**PARENTAL CONSENT**

Dear Mrs Smith

In the event of an accident or illness, I authorise the teacher in charge on the Bathurst excursion to obtain on my behalf any medical assistance or other assistance that my child may require. I also undertake to pay medical fees and/or costs of medication/drugs, which may be incurred while my child is on the excursion.

Signature: \_\_\_\_\_

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