Falls Road Primary
Independent Public School

Challenge the Present – Create the Future

Year _____ Room # _____

CONFIDENTIAL MEDICAL REPORT FOR EDUCATIONAL EXCURSIONS
AND
STUDENT MEDICAL ACTION PLAN

This confidential report is intended to assist the school and supervising teachers in case of any emergency with your child and is ***required for all children attending school camps, water-based and extended educational excursions.***

Student Name:_____. DOB _____

Address: _____

Name of Family Doctor: _____ Phone: _____

Medicare Number: _____ Expiry date: _____

Emergency Contacts

Parent 1: _____

Phone: _____

Mobile: _____

Parent 2: _____

Phone: _____

Mobile: _____

Other: _____

Phone: _____

Mobile: _____

Please tick if your child suffers from any of the following:

Seizures	**Heart Condition**	**Sleep Walking**	**Travel sickness**	**Migraine**
Diabetes	**Fits of any type**	**Black outs**	**Dizzy spells**	**Asthma**

Is your child allergic to:

Penicillin ☐ Give details_____

Any other drug ☐ Give details_____

Any food ☐ Give details_____

Other ☐ Give details _____

(Continued Overleaf)

Tetanus Immunisation

Last immunisation was on _____

If over 10 years since last immunisation, please note if booster is to be arranged by parent/guardian before excursion**. Booster date: _____**

Tablets and Medicines

Is your child presently taking tablets and / or medicine? **Yes / No**

If YES please state name of medicine and dosage **:**

_____

_____

Does your child self-administer the medication? **Yes / No**

Have you supplied the school with the appropriate Medications as necessary?

Yes / No

MEDICAL ACTION PLAN

Description of Medical Condition

_____

_____

_____

_____

_____

_____

Reaction

_____

_____

_____

_____

_____

_____

Treatment/action to be taken:

_____

_____

_____

_____

_____

_____

_____

_____

CONSENT TO MEDICAL ATTENTION

Where it is not practical to communicate with me, I authorise the teacher in charge to consent to my child receiving such medical treatment as may be considered necessary.

Signed: _____(Parent/Guardian) Date: _____