



STUDENT EXCURSION HEALTH UPDATE FORM

Please sign and return to school.

Student's First Name: _____ Surname: _____

Date of Birth: ____/____/____ Telephone: _____

Residential Address: _____

Have your medical details changed: Yes No

Student Details – Medical/Health/Consents

Does the student have a medical condition or intensive health care need? YES NO

If YES, please specify. **Please attach separate sheet with any changed health details:**

- | | |
|---|---|
| <input type="checkbox"/> Healthcare card _____ | <input type="checkbox"/> Medicare card _____ |
| <input type="checkbox"/> Allergy – Anaphylaxis | <input type="checkbox"/> Hearing condition (eg otitis media) |
| <input type="checkbox"/> Allergy – Other _____ | <input type="checkbox"/> Mental health or behavioural (eg depression, ADD/ADHD) |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Intensive Health Care Need (eg tube feeding) |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Diagnosed migraine/headaches | |
| <input type="checkbox"/> Seizure Disorder (eg epilepsy) | |

Is specific staff training required to manage health condition/needs? YES NO

Type of Training: _____

Date of last tetanus vaccination _____

:

Doctor's Name: _____ Phone: _____

Dentist Practice _____ Phone: _____

Please provide details of any other information you would like noted.

Permissions (please tick): Call Doctor [] Administer First Aid [] Call Dentist []

Do you have ambulance cover? YES NO

(If there is a medical emergency, parents or guardians are expected to meet the cost of the ambulance.)

Signature

I acknowledge that the above information is correct: Signed: _____

Name of person updating information: _____

Date: _____