



8th February 2018

Year 6 Orientation Day Permission and Medical Form

Venue: Cape Schanck and Point Leo

Dates: 22/02/2018

I give permission for my child _____ Room No. _____ to participate in Eastbourne Primary School Year 6 Orientation Day on the above date. I also give permission for my child to travel by bus to and from the venues above. (please read the attached sheet for the finer details)

Signed _____

Date _____

CONFIDENTIAL MEDICAL INFORMATION

This information is intended to assist the school in case of any medical emergency with your child. All information is held in confidence.

Child's Name:

Date of Birth: School Year:

Parent's/Guardian's Full Name:

Address:

Postcode:

Emergency Telephone:

After Hours:

Business Hours:

Name and Address of Family Doctor:

Medicare No:

Ambulance membership Yes /No

Medical/Hospital Insurance Fund:

Contribution No:

Please tick if your child suffers any of the following:

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Fits of any type | <input type="checkbox"/> Heart condition | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Dizzy Spells | <input type="checkbox"/> Anaphylaxis |
| <input type="checkbox"/> Blackouts | <input type="checkbox"/> Migraine | <input type="checkbox"/> Other |

Allergies to:

Penicillin:

Other drugs:

Any foods:

Other:

What special care is recommended?

Tetanus Immunisation – Year of last tetanus immunisation (Tetanus immunisation is normally given at five years of age [as Triple Antigen or CDT] and at fifteen years of age [as ADT])

Tablets and Medicines – Is your child presently taking tablets and/or medicine? YES/NO

IF YES, please state name of medication, dosage etc

CONSENT TO MEDICAL ATTENTION

Where the teacher in charge of the excursion is unable to contact me, or it is otherwise impracticable to contact me, I authorise the teacher in charge to:

- Consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner,
- Administer such first-aid as the teacher in charge may judge to be reasonably necessary.
- And I agree to meet any costs incurred including costs for ambulance service should it be required.

Student's Name:-----

Signature of Parent/Guardian:.....

Date: