



Mazenod College

MEDICAL FORM FOR TRIP TO MOUNT GAMBIER 2015

STUDENT'S NAME _____

ADDRESS _____

DATE OF BIRTH _____

CONTACT DETAILS

MOTHER'S NAME _____

TEL. HOME _____ TEL. WORK _____

MOBILE _____ EMAIL _____

FATHER'S NAME _____

TEL. HOME _____ TEL. WORK _____

MOBILE _____ EMAIL _____

ALTERNATIVE CONTACT

NAME _____ (For when parents are not available)

TEL. HOME _____ TEL. WORK _____

MOBILE _____

RELATIONSHIP TO STUDENT _____

MEDICAL DETAILS

ALLERGIES: Please list any known allergies to drugs, food or insects, type of reaction and treatment. Attach a doctor's letter if treatment and/or medication are required.

BLOOD TYPE (if known) _____

IMMUNISATION STATUS: please record most recent dates.

TETANUS _____ MENINGOCOCCAL _____

HEPATITIS A _____ HEPATITIS B _____

OTHER _____

MEDICAL HISTORY: has your son ever suffered from any of the following?

ASTHMA _____ DIABETES _____
FITS OF ANY TYPE _____ SLEEP WALKING _____
MIGRANINE _____ TRAVEL SICKNESS _____
HEART CONDITION _____ DIZZY SPELLS _____
OTHER _____
WHAT, IF ANY, SPECIAL CARE IS REQUIRED? _____

MEDICATION

IS YOUR SON CURRENTLY RECEIVING ANY MEDICAL TREATMENT: YES NO

It is recommended that your son carry a letter from his doctor re medical condition and medication.

NAME OF MEDICATION _____ DOSE _____
TIMES _____

IS YOUR SON CARRYING MEDICATION SPECIFICALLY FOR THIS TRIP (e.g. for travel sickness)?

NAME OF MEDICATION _____ DOSE _____
TIMES _____

YOUR SON IS RESPONSIBLE FOR HIS OWN MEDICATION UNLESS ARRANGEMENTS HAVE BEEN MADE WITH THE TEACHER IN CHARGE.

CLEARLY LABEL ALL MEDICATION WITH NAME AND DOSAGE DETAILS.

PARENT/GUARDIAN'S CONSENT

The information provided on this form is complete and correct.

I authorise the obtaining of any medical or surgical treatment, including anaesthetic, as necessary, in respect of the above named child, and accept responsibility for any cost incurred. I agree to indemnify teachers against all damages, claims, or demands in relation to this trip.

PARENTS TO SIGN _____ DATE _____

NAME _____ SIGNATURE _____

NAME _____ SIGNATURE _____