2023 Medical Information Form - Please complete, sign Page 2 and return to your class teacher

THE INFORMATION PROVIDED BELOW WILL BE USED TO UPDATE YOUR CHILD'S RECORDS

This form will be taken by staff every time a student leaves the school grounds to ensure they have all current contact and health information with them especially when there is no internet available to access details electronically.

This form will be used by officers of the NSW Department of Education to assist planning, to support students, and to minimise risks when conducting school excursions, sporting or other school activities.

The information provided is being obtained for the purpose of ascertaining relevant medical information, requirements and other health care related needs for our students who may participate in school excursions, sporting activities or other educational or school activities conducted by or in conjunction with Singleton Public School throughout the year.

Other persons or agencies that may be provided with this information include, but are not limited to, volunteers and members of external organisations who join with the school or are otherwise involved in the planning or delivery of the excursion, sporting or other school activity; and persons that may be called upon to provide health care treatment or other assistance during or as a consequence of such excursions or activities.

Provision of this information is not required by law. However, a failure to provide the information may mean that **your child can not participate in a particular excursion or school activity**. In such circumstances the school will make available a sound alternative educational experience.

Provision of this information will significantly assist the school in planning a safer educational activity. It will be stored securely**.** You may correct any personal information provided at any time by contacting the school office. If your child/ren medical information changes the school should be notified immediately to ensure correct first aid procedures are administered.

Student details

Student name: ……………………………………………………………………… Class: ………………………………….…..

Medicare number: …………………………………………………… Ref: …… Exp: ……….. Date of Birth: …………………..………

Address : ……..…

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Home Phone: …………………………………………….

Parent or caregiver contact details (PC1-Parent/Carer 1, PC 2 – Parent/Carer2)

Name PC1: ………………………………………………………......… Relationship: ……………………………………………………

Work: ……………………………………………. Mobile: ……………………………………. Email: ………………………………………

Name PC2: …………………………………………………………….. Relationship: ……………………………………………………

Work: ………………………………………………. Mobile: …………………………………….. Email: ………………………………………..

………………. Turn over to complete and sign Page 2

Doctor contact details

Name: ……………………………………………….. Phone Number: …………………………………………………..

Address : ………

Emergency contacts details (nominated by the parent or caregiver as alternate contact EC1/EC2)

Name EC1: …………………………………………… Relationship: …………………………………………………

Phone: ……………………………………. Mobile: …………………………………

Name EC2: …………………………………………… Relationship: …………………………………………………

Phone: ……………………………………. Mobile: …………………………………

List existing medical conditions, allergies or illnesses (include asthma, diabetes, epilepsy, allergies, etc.). Outline the treatment for each.

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Outline special dietary needs including possible reaction to inappropriate diet:

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Is your child on any form of medication: YES / NO

If so, please state what and when it is required for medication to be administered.

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A copy of the script or packaging label is required for medication to be administered and a Request for Administering Medication form completed.

- ❑ I have read the **Safety Briefing Brochure** provided to me previously or that is located on the school's website under "Permission and Other Notes" covering the emergency procedures.

Permission to Publish: ❑ I do **or** ❑ do not *(please tick)*
give permission to allow the school/Department of Education to publish and/or disclose information* about my child for the purposes of sharing his/her experiences with other students, informing the school and broader community about school and student activities and recording student participation in noteworthy projects or community service such as photographs in the school newsletter, school magazine, Facebook and local paper, as per the General Permission to Publish and disclose information note on the school's website. This information needs to be updated annually. *Please note the information disclosed includes name and class details.
IF YOU SELECT "DO NOT" GIVE PERMISSION TO PUBLISH, YOU WILL BE CONTACTED BY THE OFFICE TO COMPLETE AN ADDITIONAL FORM.

Name: …………………………………………………………………………………..

Signature: …………………………………………………………………. Date: ……………………………………
      MUST BE SIGNED BY PARENT/GUARDIAN

- • **Please return this form to the class teacher no later than, THURSDAY 2 FEBRUARY 2023**