



Ironbark Ridge Public School

MEDICAL FORM 2020

This information is being obtained for the purpose of ascertaining relevant medical information that will be used to assist planning and minimise risks when conducting excursions, sporting or other activities. Provision of this information is not required by law. However, failure to provide the information may mean that your child can not participate in a particular excursion or school activity. The information will be stored securely and can be corrected at any time by contacting the school.

Student Name: _____ **Class:** _____

Medicare Number (optional): _____

Parent Name: _____ **Home:** _____

Address: _____ **Work:** _____

_____ **Mobile:** _____

Doctor: _____

Address: _____

Doctors Phone: 1. _____ 2. _____

Emergency Contact Details (nominated by parent or carer as alternative contact)

1. **Name:** _____ **Phone:** _____

2. **Name:** _____ **Phone:** _____

List medical conditions (include asthma, diabetes, epilepsy, allergies) and treatment for each:

Outline special dietary needs include possible reaction to inappropriate diet:

Medication/s to be administered during the excursion. Include name of medication, instruction for administration, time of administration and possible reactions.

Signature: _____ **Date:** _____