

Tamworth Public School

Student Medical History for Yr 4 Sydney Excursion 2023

INFORMATION CONTAINED IN THIS FORM WILL REMAIN **CONFIDENTIAL** AND IS ONLY ACCESSED FOR MEDICAL PURPOSES

STUDENT DETAILS – RETURN TO SCHOOL BY Monday 14 August 2023

Student Name Date of Birth

Address

Home Phone Family Mobile

Parent 1 Work Phone Parent 2 Work Phone

Emergency Contact 1 Relationship to child

Emergency Phone (H) Phone (W)

Emergency Contact 2 Relationship to child

Emergency Phone (H) Phone (W)

MEDICAL DETAILS

Medicare No Card Ref No Expiry Date

Private Health Insurance Co Membership No

Family Doctor Phone No

Date of last Tetanus Booster

Does student suffer from, or is limited in their participation in activities, by any of the following?:

YES (tick)	Medical Condition	Treatment eg medication, triggers
<input type="checkbox"/>	Asthma	Please complete Asthma Management Plan over
<input type="checkbox"/>	Allergies (eg to foods, drugs, environment etc)	
<input type="checkbox"/>	ADD / ADHD	
<input type="checkbox"/>	Diabetes	
<input type="checkbox"/>	Epilepsy or Seizures	
<input type="checkbox"/>	Headaches / Migraines / Nosebleeds	
<input type="checkbox"/>	Heart Problems	
<input type="checkbox"/>	Muscular / Skeletal conditions (eg back etc)	
<input type="checkbox"/>	Other, include phobias, fears etc	
<input type="checkbox"/>	Does child wet the bed?	
<input type="checkbox"/>	Does child have toileting issues?	
<input type="checkbox"/>	Does child sleep walk?	
<input type="checkbox"/>	Is child allowed to take Paracetamol?	
<input type="checkbox"/>	Does child suffer from travel sickness?	

In the event of sudden illness or emergency, I hereby give authority to the school staff to act upon the advice of the Medical Officer whilst waiting for a parent's authority should any urgent treatment for my child be considered necessary.

Signed (Parent / Guardian) Date

Special dietary needs (please provide details eg. vegetarian, vegan, diabetic)

ASTHMA MANAGEMENT PLAN

In the event that my child suffers an Asthma emergency please use the first aid plan indicated:

Standard Asthma First Aid Plan

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| <p>Step 1: Sit the student upright, remain calm and provide reassurance. Do not leave student alone.</p> <p>Step 2: Give 4 puffs of a blue reliever puffer (<i>Airomir, Asmol, Bricanyl or Ventolin</i>), one puff at a time, preferably through a spacer device. Ask the student to take 4 breaths from the spacer after each puff.</p> <p>Step 3: Wait 4 minutes.</p> <p>Step 4: If there is little or no improvement, call an ambulance immediately (Dial 000)
Continue to repeat Steps 2 and 3 while waiting for the ambulance.</p> |
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OR

My Child's Asthma First Aid Plan (attached)

Additional comments:

CURRENT MEDICATION

Is the child taking any mixtures, tablets or other form of medicine prescribed by a doctor? Yes No

If yes, for what reason was it prescribed.....

Medication Dosage Administration time

Medication..... Dosage..... Administration time.....

Medication..... Dosage..... Administration time.....

Medication..... Dosage..... Administration time.....

Medication..... Dosage..... Administration time.....

Any ongoing medication needs to be handed to staff on the morning we depart. All medication must be provided in a clearly labelled bag with student's name, dosage and administration times. I give permission for the required medication, as stated above, to be administered to my child.

Signed (Parent / Guardian) Date

Privacy Notice

The information provided on your child is being obtained for the purpose of ascertaining relevant medical information, requirements and other health care related needs for children who participate in school excursions, sporting activities or other educational activities conducted by or in conjunction with Tamworth Public School.

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

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. If you have any concerns about provision of this information, please contact Mr Chris Connor to discuss further.