



WALLISTON PRIMARY SCHOOL

MEDICAL DETAILS FORM 2024

STRICTLY CONFIDENTIAL

This information is required for each student enrolled at Walliston Primary School. It will assist the school and supervising teachers in the preparation, planning and conduct of excursions and school events.

STUDENT DETAILS:

Student's Name: _____ Date of Birth: _____ Rm No: _____

Parent/Guardian's full name: _____

Address: _____ Postcode: _____

Telephone: (H) _____ (W) _____ (Mobile) _____

Name of Family Doctor _____ Telephone: _____

Please ensure that all Action/Health Plans, together with ALL medications, are current and up to date.

MEDICAL DETAILS:

Is your child subject to seizures, fainting, epilepsy, diabetes or any other condition that may affect his or her safety during an excursion or school event?

Yes

☐

No

☐

If 'Yes' please give details: _____

ASTHMA:

Does your child suffer from Asthma?

Yes

☐

No

☐

If using Ventolin, what is the dosage when required: _____

If 'Yes' an Asthma Record Form will be sent home to be completed and returned.

ALLERGIES: Does your child suffer from allergies:

Yes

☐

No

☐

My child is allergic to?

Penicillin () Any other drug () Please give details _____

Any food () Other () _____

If 'yes' to allergy what is the medical plan: _____

Tetanus: Date of Last tetanus vaccination: _____

Medication:

Parents/guardians are requested to make arrangements with the teacher-in-charge for the safekeeping and handling of medications prior to the excursions.

Is your child presently taking tablets and/or other forms of medication? Yes () No ()

Does your child self-administer the medication? Yes () No ()

If 'Yes' state name of medication, dosage and frequency of use: _____

OTHER INFORMATION

Please provide any other information about your child which will enable the organisers of the excursion to provide better care for your child.

Parent/Guardian: _____ (Signature)

Date: _____