



St Peter Chanel  
CATHOLIC SCHOOL

**GENERAL AND EXCURSION MEDICAL FORM**

Child's Name: \_\_\_\_\_

Class: \_\_\_\_\_ Current Year Enrolled: \_\_\_\_\_

*In the interest of your child's well being, this form must be completed annually by Parents/Guardians for all students. The information should be accurate and current, as it will be referred to when your child attends excursions, camps and as required for general school activities.*

Date of Birth: \_\_\_\_\_

Name of Parent/s or  
Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Number/s:(H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Medicare Number: \_\_\_\_\_ Position on Card: \_\_\_\_\_

Is the child covered by a medical fund? YES / NO

If yes, which fund?: \_\_\_\_\_

**MEDICAL HISTORY**

Please indicate if your child has had the following:

- |                                     |          |
|-------------------------------------|----------|
| A) Tetanus booster in last 12 month | YES / NO |
| B) Asthma                           | YES / NO |
| C) Other respiratory problems       | YES / NO |

- |    |  |     |   |    |
|----|--|-----|---|----|
| D) | Drug allergies* (provide details below)  | YES | / | NO |
| E) | Other allergies* (provide details below) | YES | / | NO |
| F) | Diabetes                                 | YES | / | NO |
| G) | Recent operation, illness or injury      | YES | / | NO |
| H) | Epilepsy                                 | YES | / | NO |
| I) | Heart problems                           | YES | / | NO |
| J) | Blood pressure                           | YES | / | NO |
| K) | Other (please specify_____)              |     |   |    |

*Please Note – Children diagnosed with Anaphylaxis and Asthma are asked to provide the school with a current Action Plan, completed in conjunction with their Doctor. Action Plans should be updated annually and include a recent photo and provided to the school office.*

\* Please provide details of triggers if your child has allergies (ie. egg white, Jack Jumper ant, Peanuts etc.)

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Provide details of any other relevant information:

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***Please Note - Any prescribed intermittent medication (including panadol) needs to be handed in to the office, and the "Notification for administration of medication during school hours" form completed.***

EMERGENCY CONTACT DETAILS

1. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Contact Number/s: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Contact Number/s: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Contact Number/s: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

PARENT/GUARDIAN ACKNOWLEDGEMENT

I \_\_\_\_\_ (parent/guardian) of \_\_\_\_\_

in Grade \_\_\_\_\_ in \_\_\_\_\_ (insert year) confirm and understand:

- I am responsible to immediately notify the school office, and complete a new "General Medical Form" if any circumstances or details provided above change.
- A new "General Medical Form" will be distributed annually for my child and must be completed and returned to maintain current records.

I authorise:

- The teacher in charge on any excursions and general indoor/outdoor activities to be my agent in obtaining medical attention for my child at his/her discretion in the even of illness or injury.
- The teacher in charge to administer any prescribed medication (as indicated above).

***(For parents/guardians of children with Anaphylaxis only):***

I understand:

- Students at risk of anaphylaxis enrolling at the school must have provided an Auto injector and ASCIA Action Plan by the time they commence at the school. This must be reviewed with my child's doctor or specialist prior to school commencing each year.
- I understand if I don't take this responsibility, my child may not be allowed to attend school until provided.

Date: \_\_\_\_\_ Signature(parent/guardian): \_\_\_\_\_

**PARENTS/GUARDIANS OF CHILDREN WITH MEDICAL/ACTION PLANS**  
**(IE. ANAPHYLAXIS, ASTHMA, DIABETES ETC)**

I do / do not (please circle) consent for my child's \_\_\_\_\_  
(insert action plan type) to be displayed in the school office and staff/class rooms.

Date: \_\_\_\_\_ Signature(parent/guardian): \_\_\_\_\_