

PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT YOUR CHILD:

1. Is he/she in good health Yes / No
2. Does your child suffer from any chronic illness or disability?
3. Allergies (eg food, drugs, environment, animals etc) Yes / No. If Yes: Allergens.....
Is your child **Anaphylactic**: Yes / No. Give details of the management plan for your child's allergic reaction.
.....
4. Has he/she suffered from any acute illness during the past four years? Yes No Details:.....
5. Is he/she taking any mixture, tablets or any other form of medication at present? Yes No Details.....
6. Please indicate if medication is to be kept with them at all times? Yes No
7. Does he/she suffer from, or are limited in their participation in activities, by any of the following?
If "yes" indicate details eg medication, treatments, triggers etc
 1. Heart Problems Yes/No
 2. Allergies Food/Drugs/envirnon Yes/No
 3. Muscular/ Skeletal Conditions
 - * Back Problems Yes/No
 - * Sprains, Dislocations Yes/No
 - * Other Yes/No
 4. Diabetes Yes/No
 5. Headaches/Nose Bleeds Yes/No
 6. Other (incl Fears/ Phobias) Yes/No
 7. Respiratory Conditions Yes/No
 - * Asthma Yes/No
 - * Other Yes/No

If YES complete **ASTHMA MANAGEMENT PLAN BELOW**

Regular Asthma Medications and Management Strategies:

| Name of Medication | Quantities and Dosage |
|--------------------|-----------------------|
| | |
| | |
| | |

Additional Medication and Management Strategies to be Applied During an Attack

| Name of Medication | Quantities and Dosage |
|--------------------|-----------------------|
| | |
| | |
| | |

Peak Expiratory Readings:

| | |
|---|-------|
| Expected Reading | |
| Reading requiring extra medication | |
| Reading when advisable to seek Medical Assistance | |

Known Trigger Factors (please tick)

- Dust
 Contact with Animals
 Grass, weed pollen, mould
 Pollution
 Exercise

Sudden Temperature changes other

SELF ADMINSTRATED ASTHMA MEDICATION is to be kept with your child at all times. Administration of medication will be under the supervision of a teacher. Any other medication must be brought to the excursion with the child's name dosage and dosage times and timetable clearly marked, with the medication in a plastic zip bag.

If your child requires and further assistance please ensure that this is clearly communicated below. Also include any other information that may help in providing medical assistance for your child.

.....
.....

8. Other Illnesses, Operations or Hospitalisation your child has experienced in the last 12 months:

.....

9. Has he/she had the combined Diphtheria Tetanus booster injection? YES / NO

If the answer is YES, in what year was the last booster injection given?

10. Has he/she been immunised against measles? YES / NO

11. Does your child wet the bed? YES / NO

12. If required do you give permission for the administering of Panadol or similar pain relief? YES/NO

SPECIAL DIETARY NEEDS: Please tick: Vegetarian No Pork Lactose intolerant Other

Give Details

.....

Parents or Guardian Permission (Please print all details)

The Principal

Woodland Road Public School,

I give permission for my son/ daughter/ ward to attend
Given Name Surname

a 5 day, 4 night, overnight excursion to Wooglemai Field Studies Centre from 5.3.18 to 9.3.18. I understand that my child will be travelling by private transport and stay 4 nights accommodated in Cabins at Wooglemai Field Studies Centre, supervised by Mr Berger and Miss Gibbs.

In the event of any accident or illness, I authorise the obtaining on my behalf of such medical assistance as my child may require. I also undertake to pay medical fees and/or cost of drugs which may be incurred while my child is on this excursion.

I the undersigned being the parent or legal guardian of the above mentioned participant assume full responsibility for her/his health being such that the activities of the program will in no way aggravate any condition present. If in any doubt, I will seek and follow medical advice and inform Woodland Road Public School of that advice. I will also notify the school of any significant change in my child's health prior to the commencement of the excursion. I declare that all statements on this form are true and accurate and that all relevant information has been provided.

I also agree that should my child be unable to continue with the planned itinerary due to medical/health or behavioural reasons, I will be responsible for the collection of my child.

Signed Date
Mother/ Father/ Guardian

THIS FORM MUST BE RETURNED BY MONDAY 26th FEBRUARY