

Is your child allergic to:

Penicillin	<input type="checkbox"/>	Give details	_____
Any other drug	<input type="checkbox"/>	Give details	_____
Any food	<input type="checkbox"/>	Give details	_____
Other	<input type="checkbox"/>	Give details	_____

Is any special care required?

Yes No

If "yes", give details:

Tetanus vaccination:

Yes No Don't know

Medications

Arrangements for the safekeeping and handling of medications must be made prior to the excursion.

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', give details (dosage, frequency, name of medication and reason for use):

I agree to inform the organisers before the scheduled excursion departure of any change to my child's health and fitness so that appropriate supervision may be arranged. I acknowledge that, in the event of an accident, the school staff will arrange to present my child for medical assessment as soon as possible.

Signature of parent or guardian _____ Date _____