



United in Faith, Love and Learning

Day Excursion Medical Notification

Student Name: _____ Class: _____

Parent/Guardian Name: _____

Address: _____

Home Phone Number: _____

Mother's Work / Mobile Number: _____

Father's Work / Mobile Number: _____

a) Does your child have any medical condition which you feel that teachers should be aware of
YES / NO Details:

b) Does your child have any medical allergies?
YES / NO Details:

c) Will your child need medication during the excursion?
YES / NO Details:

d) Is there any other matter regarding your child's welfare and enjoyment of the excursion
which you would feel that teachers should know?

e) Does your child have any special dietary requirements for meals e.g. allergies, sensitivities,
intolerances, religious beliefs?
YES / NO Details:

In the event of any emergency, I give the teachers of Holy Family Program School my permission
to seek medical attention for my child: _____

Medicare Number: _____ Expiry Date: _____

and I understand that I will be notified as soon as possible.

Signed: _____ Date: _____