\*\*\* NOTE: This form is optional. If used, please delete this note \*\*\*

**Student health information - excursions**

This form is to provide school staff organising excursions, camps or other off-site school activities with confidential health information about a student which may affect their full participation in the activity.

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| *Privacy Statement*  *The Department of Education is collecting this personal information in order to support the health needs of the named student during the excursion identified below. The information will only be used by authorised employees of the department. The information will not be given to any other person or agency unless we have your consent, or we are required by law to do so.* |

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| **Name of excursion** |  |
| **Date/s of excursion** |  |

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| **1: Student & parent/carer details** | | | |
| **Student name** |  | | |
| **Date of birth** |  | **Year level / Class** |  |
| **Parent/carer name** |  | | |
| **Medicare number** |  | | |
| **Private Health Insurance Fund name** |  | **Membership number** |  |
| **Medical practitioner name** |  | **Contact phone number** |  |

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| **2: Health conditions** | | |
| 2.1. Does the student have any health conditions that the school has not been previously advised of? | 🞏 Yes *(go to 2.2)* | 🞏 No *(go to 2.3)* |
| 2.2. Indicate the student’s health condition/s:  🞏 Asthma 🞏 Anaphylaxis 🞏 Diabetes 🞏 Epilepsy  🞏 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact the student’s teacher/activity coordinator as soon as possible to plan for any support or reasonable adjustments required to manage the student’s health condition. For example, if the student requires medication or if they require additional overnight support e.g. catheterisation, gastrostomy, blood glucose testing. | | |
| 2.3. Does the student have any current or previous injuries that may affect their participation that the school has not been previously advised of? | 🞏 Yes *(go to 2.4)* | 🞏 No *(go to 3)* |
| 2.4. Describe the injury: | | |

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| **3: Medication requirements** | | |
| 3.1 Will the student require medication during this excursion? | 🞏 Yes *(go to 3.2)* | 🞏 No *(go to 4)* |
| 3.2 Does the student require staff to administer their medication? | 🞏 Yes *(go to 3.4)* | 🞏 No *(go to 3.3)* |
| 3.3 Does the student have approval to self-administer their medication at school? | 🞏 Yes | 🞏 No |
| 3.4 Does the medication require special storage? | 🞏 Yes | 🞏 No |
| If the answer was **YES** to any of the questions above:   * complete and attach a[*Consent to administer medication*](https://ppr.qed.qld.gov.au/attachment/consent-to-administer-medication-form.docx) form and any relevant advice from the health practitioner e.g. action plan, letter, medication order * contact the student’s teacher/activity coordinator as soon as possible to ensure that the student’s medication needs can be supported. | | |

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| **4: Dietary requirements** | | |
| 4.1 Does the student have specific dietary requirements? | 🞏 Yes (*go to 4.2 & 4.3)* | 🞏 No *(go to 5)* |
| 4.2 List the foods/ingredients your child is NOT to eat: | | |
| 4.3. Describe the reason/s why the student cannot eat the above foods/ingredients e.g. religious, cultural, allergic/anaphylaxis, vegetarian: | | |

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| **5: Travel and away-from-home issues** | | |
| 5.1. Does the student experience travel/motion sickness?  If **YES** and the student requires medication for travel/motion sickness, complete the [*Consent to administer medication form*](https://ppr.qed.qld.gov.au/attachment/consent-to-administer-medication-form.docx) and provide the school with the medication. | 🞏 Yes | 🞏 No |
| 5.2 Does the student require night bedwetting management or require an appliance / device at night to support a health condition?  If **YES**, describe what aid / appliance / support is required: | 🞏 Yes | 🞏 No |
| 5.3 Does the student sleep walk, have night terrors, have fears/phobias, experience anxiety, or have any other issue/s that may impact on their participation in this excursion?  If **YES**, describe the actions required to manage these: | 🞏 Yes | 🞏 No |

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| **6: Declaration** | | | |
| I have reviewed the information provided in this form and confirm that this information is accurate. | | | |
| **Name of parent/carer/student\*** |  | | |
| **Signature** |  | **Date:** |  |

**\*** Students who are independent, mature-age or over 18 years of age, may complete this declaration themselves.