

# Medical Notification Form

Name ..... Stage .....

Parent's Address

Does your child have any medical condition which you feel the teachers should be aware of?

Please list any allergies and their symptoms.

Will your child be required to take any regular medication during an excursion? Please provide details.

Is there any other matter regarding your child's welfare and enjoyment of an excursion which you would feel the teacher should know.

Special dietary requirements (for overnight excursions)  
Eg. allergies, sensitivities, intolerances, religious beliefs.

## EMERGENCY PHONE NUMBERS

Home phone number .....

Mother's mobile number ..... Work .....

Father's mobile number ..... Work .....

Emergency Contact Name .....

Emergency phone number .....

In the event of an emergency I give the staff of Holy Family Primary School my permission to seek medical attention for my child and I understand that I will be notified as soon as possible.

Medicare Number ..... Position on Card .....

Student Name .....

Parent/Guardian Signature .....