

**HAMMONDVILLE PUBLIC SCHOOL  
Medical Information Form**

Student Name: \_\_\_\_\_ Class: \_\_\_\_\_

**Parent or caregiver contact details**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

**Doctor Contact Details**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Doctor's telephone: \_\_\_\_\_

**Emergency Contact Details**

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**List existing medical conditions or illnesses (include asthma, diabetes, epilepsy, allergies etc).  
Outline the treatment for each.**

\_\_\_\_\_  
\_\_\_\_\_

**Outline special dietary needs including possible reaction to inappropriate diet.**

\_\_\_\_\_  
\_\_\_\_\_

**Medication/s to be administered during the excursion. Include name of medication, instructions for administration, time of administration and any possible reactions. NB Parents must have signed the school's medical indemnity form that is kept at the school office prior to the excursion.**

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_