UNIVERSITY OF SOUTH AUSTRALIA

SCHOOL OF NBE

**FIELD TRIPS MEDICAL FORM**

**CONFIDENTIAL**

FIRST NAME: LAST NAME:

HOME ADDRESS: POSTCODE:

HOME PHONE: DOB:

**MEDICARE NUMBER:**

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| **Are you covered by an ambulance subscription?**(Note: strongly advised for all field trip personnel) | YES/NO | If yes, through which fund? |
| **Do you have any pre-existing medical conditions?**(e.g. epilepsy, heart condition, diabetes, allergies, relevant injuries). | YES/NO | Special instructions: Emergency actions: |
| **Are you undergoing any regular** **prescribed medication?** | YES/NO | Details of medication:When is it to be given:How is it to be administered? |
| **Have you had a compete course of Tetanus immunizations?** | YES/NO | Date of last booster injection: |

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| **FOR EMERGENCY USE ONLY**Name, address & phone number of family doctor or clinic:    Name, address & phone number of any medical specialist:Name, address & phone number off person to be notified of an emergency: |

**PLEASE PROVIDE DETAILS WHERE NECESSARY OF ANY PRE-EXISTING MEDICAL CONDITION.**

|  |  |  |  |
| --- | --- | --- | --- |
| **MEDICAL CONDITION** |  | **SPECIAL INSTRUCTIONS** | **SPECIAL EMERGENCY ACTION** |
| EPILEPSY | YES/NO |  |  |
| HEART CONDITION | YES/NO |  |  |
| DIABETES | YES/NO |  |  |
| EAR DISORDER | YES/NO |  |  |
| RESPIRATORY DISORDER( asthma etc. ) | YES/NO |  |  |
| ALLERGIES( especially insect bites and medicines e.g. penicillin ) | YES/NO |  |  |
| RELEVANT INJURIES( e.g. back, knee, etc ) | YES/NO |  |  |
| OTHER RELEVANT MEDICAL CONDITIONS | YES/NO |  |  |
| SPECIAL DIETARY REQUIREMENTS( e.g. food intolerances) | YES/NO |  |  |

I authorise field trip staff to obtain medical assistance that is deemed necessary and I agree to pay all medical expenses incurred on my behalf.

SIGNED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: ­­­­­

Students under 18 years of age should have this form signed also by a parent or guardian.

SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Agreement box for the “Off-Campus Field Work Policy for the School of NBE”**I have read and understood the “Off-Campus Field Work Policy for the School of NBE”. I accept the conditions and agree to abide by them.**STUDENT’S SIGNATURE:­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |