

Student Medical Information and Excursion Release Form

Please complete all sections of this form. This document will be printed and kept on file for school excursions and emergency purposes.

1. Student Information

Student Full Name:

Date of Birth (DD/MM/YYYY):

Grade / Class:

Home Address:

2. Emergency Contact Information

Primary Contact Name:

Relationship to Student:

Phone Number:

Secondary Contact Name:

Relationship to Student:

Phone Number:

3. Medical History & Information

Known Allergies (Food, Medication, Insect bites, etc.):

Current Medications (Specify dosage and timing):

Medical Conditions / Physical Restrictions:

Special Dietary Requirements:

Health Insurance Provider:

Policy / Member Number:

4. Excursion Release and Authorization

I hereby give permission for my child to participate in school-sanctioned excursions. In the event of an emergency, injury, or illness, I authorize the school staff to obtain necessary medical treatment for my child, including administration of anesthetic or blood transfusion, if deemed necessary by a qualified medical practitioner. I accept responsibility for any medical expenses incurred that are not covered by insurance.

Parent / Guardian Full Name:

Parent / Guardian Signature (Type or sign in print):

Date (DD/MM/YYYY):