



EOTC Medical form

(All information on this form will be confidential to staff involved)

Student Name: _____ House Group: _____

Trip: _____

Please circle Yes or No and write an explanation detailing what the problem is and / or what medication and how often to use it

Condition	Circle Correct Answer	If <u>YES</u> , explain what you do or take for it
Dizzy Spells/Blackouts	Yes/No	
Heart Condition	Yes/No	
Asthma	Yes/No	State what inhaler you use:
Migraine	Yes/No	List what you take:
Allergies to:		List what you take for each one:
Bees	Yes/No	
Food	Yes/No	
Medication	Yes/No	
Other	Yes/No	
Diabetes	Yes/No	
Epilepsy	Yes/No	
Injuries	Yes/No	Explain:
Other	Yes/No	Explain:
Tetanus Injection (within last 10 years)	Yes/No	Approximate date of injection:

I agree that he/she should take part in such activities and necessary duties as may be required by the staff. I authorise the obtaining on my behalf any medical or surgical assistance, if in the opinion of the staff, such treatment is necessary and where it is impracticable to communicate with me. I agree to meet any costs incurred. To the best of my knowledge he/she has no medical or physical disabilities likely to prove detrimental to him/her or others during the trip. I acknowledge that the school will not accept responsibility for any loss or damage of personal property.

Please complete:

Emergency Contact Name: _____

Contact Phone Number(s): _____ / _____

Parent/Caregiver's Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____

Signature of Parent/Caregiver: _____ Date: _____

Signature of Teacher in charge: _____ Date: _____