



Our Lady's School

Founded 1953
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CONFIDENTIAL MEDICAL FORM

For the duration of the trip teachers are acting in *loco parentis*. In the event of accident or illness, medical information about your daughter may be required. Please fill in the form below with **as much detail as possible**. Information will be treated in the **strictest confidence**.

1. Student's Name:	Class:
2. Date of Birth:	
3. Contact number(s) for parent(s)/guardian(s):	
Name _____	No. _____
Name _____	No. _____
4. Does your daughter suffer from any medical condition (e.g. asthma, migraine etc.)? Give full details.	

5. If your daughter is bringing any medication with her, please specify name and purpose .	

6. Does your daughter have any food allergies/dietary requirements ? Please give details.	

7. Does your daughter have any allergies to medication ? Please give details.	

8. Has your daughter ever had a general anaesthetic? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If so, did she suffer any adverse reaction? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Please be advised that by signing this document you are consenting to:

- the transfer of relevant personal information (e.g. passport details, dietary requirements, relevant medical details) to the tour operator for the purposes of making travel arrangements.
- your daughter receiving medication and/or medical treatment, in the case of an emergency, as considered necessary by the medical practitioners present.

Signed: _____ (Parent/Guardian) Date: _____

Principal: Pauline Meany, Deputy Principals: Marguerite Gorby, Stephen Rhatigan