



**EXCURSION EMERGENCY & MEDICINE ADMINISTRATION FORM (EIS/MY/CLN/EEMAF)**

(Updated as at 20<sup>th</sup> September 2011)

Name of student: .....

Class: .....

Homeroom Teacher: .....

**Emergency contact details:**

1. Primary contact	
Name: .....	Mobile: .....
2. Secondary or alternate contact	
Name: .....	Mobile: .....

**Medical conditions:**

<input type="checkbox"/> Travel or motion sickness	<input type="checkbox"/> Heart conditions	<input type="checkbox"/> Migraine	<input type="checkbox"/> Asthma
<input type="checkbox"/> Dizzy spells	<input type="checkbox"/> Others: .....		

**Allergies:**

Food: .....
Drug: .....
Others: .....

**Medication:**

Is your child taking any medication at present? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please indicate details pertaining to name of medicine, dosage and administration instructions:
.....
.....

*Note:*

- All medications must be stored in their original pharmacy-labelled containers, and in such manner as to render them safe and effective. Information such as the child's name, name of medication and clear directions for administration must be available.*
- Please inform the Teacher in charge of the excursion if there are changes to the content of this form after submission.*
- Please note that in the event your child is suffering from a fever or need pain relief, he/she may be given Paracetamol (also known as Panadol or Tylenol), unless there is written notification that he/she is allergic to this medication.*
- All students are covered by a basic liability insurance, which does not cover for personal accidents. You have the option to make provision for your child's personal accident, travel and medical insurance, as deemed necessary.*

**Physician or family doctor details:**

Name and Clinic	Contact details
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**Other matters that we should be aware of that are important, or might affect the child's on his/her trip:**

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**Emergency treatment and facilities:**

In the event of an emergency, you consent that we send your child to a hospital?  Yes  No  
If yes, please indicate any preferred hospital (if otherwise, we will send him/her to the nearest hospital).

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*Print name and sign*

.....  
*Relationship with student*

.....  
*Date*