

# Medical Information Sheet for School Outings

## Student Information

Full Name

Date of Birth

Class/Grade

## Parent/Guardian Contact Details

Name

Phone Number

Alternate Phone

## Medical Information

Allergies (food, medication, others)

Medical Conditions / Diagnoses

Medications (name & dosage, including when to administer)

Special Requirements (dietary, physical, other)

## **Emergency Contact (If different from above)**

Name

Phone Number

Relationship

## **Consent**

I give permission for my child to receive any necessary medical attention while on the school outing.  
(Name, Signature, Date)