



# MEDICAL INFORMATION AND CONSENT FORM

## ELEMENT 4.4 RECORDS MANAGEMENT ELEMENT 3.10.7 WORK ENVIRONMENT

This form is intended to be used to assist the school in the case of any medical treatment required or medical emergency involving a student at school, sports and all outdoor adventure activities.  
A copy of each student's form will be kept at school.  
The school collects the information contained in this form to provide or arrange first aid and other medical treatments for students. The information collected will be held at your child's school and will be made available to staff or school and to medical or paramedical staff in the case of an accident or emergency.

Student's Name: ..... Date of Birth: ..... Sex:  M  F

School Year: .....

Parent/Carer: .....

Address: .....

Contact Telephone No's: BH: ..... AH: ..... Mobile: .....

Other Contact for Emergency: ..... Telephone No: .....

Name of Student's Doctor: ..... Telephone No: .....

Medicare No: ..... Private Health Fund: ..... Membership No: .....

Please tick if your child suffers any of the following:

- |                                       |   |  |  |   |
|---------------------------------------|---|--|--|---|
| <input type="checkbox"/> allergies    | <input type="checkbox"/> blood pressure | <input type="checkbox"/> epilepsy          | <input type="checkbox"/> hayfever        | <input type="checkbox"/> nose bleeds            |
| <input type="checkbox"/> anaphylaxis  | <input type="checkbox"/> diabetes       | <input type="checkbox"/> fainting          | <input type="checkbox"/> headaches       | <input type="checkbox"/> reaction to drugs      |
| <input type="checkbox"/> asthma       | <input type="checkbox"/> eczema         | <input type="checkbox"/> fits or blackouts | <input type="checkbox"/> heart condition | <input type="checkbox"/> sight/hearing problems |
| <input type="checkbox"/> other: ..... |   |  |  | <input type="checkbox"/> sun screen sensitivity |

If you have ticked any of the boxes above and Emergency Treatment Plan developed by a medical practitioner must be provided. *NB: Without an Emergency Treatment Plan the school can only provide first aid treatment.*

Date of last tetanus injection: .....

Has the student suffered from any acute illness or injury or been treated by a medical practitioner for an illness or injury during the last 4 weeks? Yes  No

If YES, please state nature of illness/injury and obtain a report from the doctor that the student is fit to undertake the camp/excursion .....

Is the student presently taking medication? Yes  No

If YES, please state name of medication, dosage etc. ....

The teacher in charge must be informed about the management of any medication prior to leaving on an excursion. Arrangements need to be agreed on the transport, storage and administration of medication. In all cases medication must be labelled with the students name, dosage and frequency of administration. Prescribed medication only will be administered.

Are you aware of any physical or psychological limitation of your child? Please give details. ....

Is there any other information which you believe may help us to provide the best possible care? .....

**Consent to medical attention:** In the case of my child requiring medical treatment or in the case of a medical emergency, I consent to the school providing first aid or treatment as outlined in an emergency treatment plan and I further authorise the school, where it is impracticable to communicate with me, to arrange for him/her to receive such medical or surgical treatment as may be deemed necessary. I also undertake to pay any costs which may be incurred for the medical treatment, and drugs.

Signed: ..... Parent/Carer Date: .....