



St Patrick's Parish School MEDICAL INFORMATION AND CONSENT FORM

This form is intended to be used to assist the school in the case of any medical treatment required or medical emergency. It is stored in the school office for ready access. The information contained on this form will be taken on excursions/outings. It is imperative that the school is informed of any update to this information.

Student name:				Class:			
Date of birth:				Sex:		<input type="checkbox"/> M	<input type="checkbox"/> F
Parent/carer:							
Address:							
Contact no:	Business Hours:		After Hours:		Mobile:		
Email Address:							
Other Contact for emergency				Telephone No:			
Name of family doctor				Telephone No:			
Medicare No:			Private Health fund:			Membership No:	

Step 1: Does your child suffer from Diabetes, Asthma, Epilepsy, Anaphylaxis?

- No: Go to Step 2
- Yes: Please indicate the condition and how it is managed by your child

Medical condition:	How managed by your child: <p style="text-align: center;"><i>Please attach any action plan or medical alert card with this letter.</i></p>
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Step 2: Does your child take any medication (including hay fever medication)?

- No: Go to Step 3
- Yes: Please indicate the medication including dosage, when it is taken and how it is taken

Medication and dosage	How and when medication taken
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Step 3: Does your child have any dietary requirements?

- No: Go to Step 4
- Yes: Please indicate the requirements

Condition	How managed by child

Step 4: Is there any other information that may hinder your child's participation in a sporting activity, camp or excursion?

- No: Go to Step 5
- Yes: Please indicate the requirements

Condition	How managed by child

Step 5: Do you authorise the administration of paracetamol, or Nurofen (Ibuprofen), by a staff member if your child has pain or is suffering a headache?

- YES
- NO

- *I authorise teacher and instructors involved in a sporting activity, excursion or camp to obtain medical assistance they deem necessary should an accident occur.*
- *I authorise the administration of an anaesthetic, by a doctor, in the event of a medical emergency*
- *I also agree to pay all medical expenses incurred on behalf of the above-mentioned student.*

I understand it is my responsibility to inform the school of any change to the information on this form.

Parent/carer signature: _____

Date: _____

This information will be retained confidentially on the school's database.

A new form will be required to be completed at the start of each school year and will remain current for that year, unless we are advised of necessary adjustments by the parent/carer.