



Medical Information and Consent Form

A copy of each student's form must be taken on the excursion.

Student's Surname/Family name: _____ Given/preferred name: _____

Date of Birth: __ / __ / ____ Sex: M F

School: _____ School Year: _____ Camp/Excursion: _____

Parent/Carer: _____

Address: _____

Contact Telephone Nos - Business Hours: _____

After Hours: _____ Mobile: _____

Other Contact for Emergency: _____ Telephone No: _____

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

Medicare No: _____

Private Health Fund: _____ Membership Number _____

Ambulance Fund: **Note:** Parents are responsible for ambulance costs outside the ACT.

Please tick if your child suffers any of the following:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Anaphylaxis * | <input type="checkbox"/> Allergies | <input type="checkbox"/> Fits or Blackouts | <input type="checkbox"/> Nose bleeds |
| <input type="checkbox"/> Asthma * | <input type="checkbox"/> Blood pressure | <input type="checkbox"/> Hay fever | <input type="checkbox"/> Reaction to drugs |
| <input type="checkbox"/> Diabetes * | <input type="checkbox"/> Eczema | <input type="checkbox"/> Headaches | <input type="checkbox"/> Sight/hearing problems |
| <input type="checkbox"/> Epilepsy * | <input type="checkbox"/> Fainting | <input type="checkbox"/> Heart condition | <input type="checkbox"/> Sun screen sensitivity |
| <input type="checkbox"/> Other _____ | | | |

Describe what happens for any of the conditions ticked above

If you have ticked any of the boxes above, does your child require specific first aid treatment (that is, specific instructions provided by your child's doctor) in addition to standard first aid treatment?

Yes No

If Yes, a *General First Aid Plan* is to be completed and provided to the school along with specific instructions provided by doctor. This form is available from the school.

Note: For anaphylaxis*, asthma*, diabetes* or epilepsy* conditions, please ask the school for the appropriate First Aid Plan for completion. In the absence of a specific First Aid Plan, standard first aid will be given in an emergency.

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 four 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 any medication? Yes No

If Yes, please state name of medication, dosage, etc: _____

NB. If yes this information should be reflected on the General Medical Information and Consent form kept at the school, please inform the school of the changes and arrange to update the form.

Parents must give written permission and directions for the administration of any medication taken during the excursion.

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 student's name, dosage and frequency of administration.

I consent to my child receiving paracetamol for temporary pain relief. Yes No

Are you aware of any physical or psychological limitations 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/we consent to the school providing first aid or treatment as outlined in a specific First Aid Plan and I/we further authorise the school, where it is impracticable to communicate with me/us, to arrange for him/her to receive such medical or surgical treatment as may be deemed necessary. I/we also undertake to pay any costs which may be incurred for the medical treatment, ambulance transport and drugs.

Signed (Parent/Carer): Date: __ / __ / ____

Signed (Parent/Carer): Date: __ / __ / ____

Schools will always call an ambulance if your child's medical condition requires emergency medical assistance

If you fill in this form, your personal information and that of your child will be collected and handled by the ACT Education and Training Directorate (ETD) (Canberra College). This information is necessary for us to provide or arrange first aid and other medical treatments for your child in case of the requirement for first aid and/or in the event of an accident or emergency either at school or off site on excursions. If you do not consent to supply us with this information and complete a *Medical Information and Consent Form* for your child, only standard first aid will be administered to your child. Normally, we will not use or disclose this information for another purpose, without your consent, unless you would reasonably expect us to use or disclose the information for a related purpose. Normally we only share information with government or private medical or para-medical staff and other relevant officers in the event of an accident or emergency. The Directorate has a privacy policy that explains how we handle personal information, including how we handle privacy complaints. The policy is available on the Directorate's website (www.det.act.gov.au) on the About Us page.