

## 2022 Medical Information and Consent Form for Local Walking Excursions in Pittsworth

Student's Name: ..... Date of Birth: .....

Sex:  M  F Class:.....

Parent's/Carer's Name:.....

Address: .....

Email Address: .....

Contact Telephone Numbers: Home: ..... Mobile: .....

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

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

Medicare No: ..... Expiry Date: ..... Place on Card: .....

Private Health Fund: ..... Membership No: ..... Type of Cover:  Hospital  Extras

Please tick (✓) if your child suffers any of the following:

Blood Pressure	Hayfever	Nose Bleeds	Fainting	Headaches
Eczema	Fits or Blackouts	Heart Condition	Diabetes	Epilepsy
Sunscreen Sensitivity	Sight/Hearing Problems	Other: [specify...]		

Reaction to drugs	Please give details:		
Allergies	What is your child allergic to:		
Anaphylaxis	Please give details:		Does your child have an Epipen: yes no
Asthma	Does Your child have a puffer: yes no	Action Plan: yes no	

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

Dietary requirements: ..... Date of last tetanus injection: .....

Is the student presently taking medication? Yes  No  If YES, please state name of medication and dosage: .

***In all cases, medication, including over the counter medications such as paracetamol, requires parental permission AND ongoing conditions require medical authorisation for school staff to administer it.***

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

Additional information which you believe may help us to provide the best possible care? .....

### Agreement

- I agree to delegate my authority to supervising teachers. Such leaders may take whatever reasonable and appropriate disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of the students/children as a group and individually.
- In the event of an accident or illness and contact with me being impracticable or impossible, I authorise the teacher-in-charge to arrange whatever medical or surgical treatment a registered medical practitioner considers necessary. I will pay all medical and dental expenses incurred on behalf of my child.
- I have provided all information necessary for supervising teachers to plan safe and reasonable health care support for my child. This includes, if relevant, information about any activity modifications my child may require for medical reasons.
- I consent to my child's doctor or medical specialist being contacted by medical personnel in an emergency.
- The information given is accurate to the best of my knowledge.
- I give consent for my child to participate in local walking excursions in Pittsworth.

Signed Parent/Caregiver: ..... Date: ...../...../.....