St Peter's

Ref:

CONSENT FORM & MEDICAL INFORMATION

Student Name:			
Address:			
Date of Birth:			
Home Phone No.		Mob No.	
Mother's/Guardian's Name:		Contact Nos.	
Father's/Guardian's Name:		Contact Nos.	

Emergency Contact:		Relationship	
Home No.	Work No.	Mob. No.	

Medical Information:	
Medicare No.	
Private Medical Insurance	Yes ☐ No ☐ Company: Policy No:

Are there any ailments or behaviours which staff should know about? Please tick below:

☐ Asthma ☐ Epilepsy ☐ Heart Condition ☐ Blackouts/fainting/dizzy spells
☐ Diabetes ☐ Migraine ☐ Sleepwalking ☐ Travel Sickness ☐ Bed wetting
☐ Recurring/Recent illness ☐ Behavioural/emotional disorders
☐ Other (Please specify)

Any Additional information:	
Date of last tetanus injection:	
Family Doctor:	
Family Dentist:	

Swimming Ability:
Please tick the distance your child can swim comfortably.
☐ Cannot swim (0m) ☐ Weak swimmer (<50m) ☐ Fair swimmer (50-100m)
☐ Competent swimmer (100-200m) ☐ Strong swimmer (200m+)

Allergies:
Please tick if your chid is allergic to any of the following:
☐ Penicillin ☐ Other Drugs:
☐ Foods: ☐ Other allergies:
What special care is recommended for these allergies?

Medication:

Is your child taking any medicine(s) ☐ Yes ☐ No
If Yes, provide the name of medication, dose and describe when and how it is to be taken.

Please be aware that any medication (except asthma puffers) that parents wish staff to administer, must include:

a) A fully completed and signed student medication request form.
b) The original pharmacy label detailing the name of the person authorised to take the medication, dosage, time to be taken and Medical Practitioner's name, as staff will follow the directions on the original label attached to the medication container.

Analgesics:

Has your child ever taken analgesics (eg. Panadol) ☐ Yes ☐ No
Was there a known reaction to these?
Do you give permission for staff to administer Paracetamol while on camp ☐ Yes ☐ No