

MINLATON DISTRICT SCHOOL

SCHOOL HEALTH INFORMATION SHEET - CONFIDENTIAL

STUDENT NAME : _____
(Surname) (Given Names)

PARENT'S NAME : _____
(Surname) (Given Names)

HOME ADDRESS : _____

HOME PHONE NO : _____ **BUSINESS PHONE NO.** _____

STUDENT D.O.B. : _____

Is the Student covered by Medical Benefits? Yes / No	Name of Fund _____ Benefit Tables _____
Is the student covered by an Ambulance Subscription? Yes / No	
Does the student receive any regular prescribed medication? Yes / No <i>Note: Any medication required during the camp should be handed to a teacher on the day of departure with written details of the student's name, required does, time of administration for each does and method of administration required</i>	Details of Medication: _____ When is it to be given? _____ How is it to be administered? _____
Has the student received a complete course of Tetanus immunisations? Yes / No	Date of last Booster injection : _____
Does the student suffer from asthma? Yes/ No	Details: _____ _____
Does the student suffer from any allergies? Yes/ No	Details: _____ _____
Does the student have any other medical condition which might limit his/her involvement in the proposed activity? Yes/ No What precautions should be taken to prevent health problems arising? What is the treatment required in any emergency?	Please give details: _____ _____ _____ Details: _____ _____ Details : _____ _____

CONSENT FOR EXCURSION/CAMP:

As a parent / guardian of _____

I, _____ give my consent to him/her to
(Block Capitals please)

participate in _____
(Name of Activity)

I agree to delegate my authority to the staff and instructors involved. Such teachers and instructors may take whatever disciplinary action they deem necessary within Departmental and School Guidelines, to ensure the safety, well-being and successful conduct of the students as a group, or individually in the above mentioned activity.

I also authorise the teachers and instructors to obtain medical assistance which they deem necessary should an accident occur and agree to pay all medical and dental expenses incurred on behalf of the above student.

I submit the attached health information about the above student and include details of limitations which he/she has for the activity concerned. I further legally authorise qualified medical practitioners to administer an anaesthetic or to carry out necessary surgical procedures if such an eventuality arises. I give my consent for the above student's local doctor or medial specialist to be contacted in an emergency.

The information given is accurate to the best of my knowledge.

Date _____ Signature : _____
(Parent / Guardian)

FOR EMERGENCY USE ONLY:

Name & Address of Parent/Guardian: _____

Phone No. (home/work/mobile) _____

Alternative Emergency Contact Relationship: _____

Name & Address: _____

Phone No. (home/work/mobile) _____

MEDICAL PERSONNEL

Name & Address: _____

Phone No. _____

MedicAlert number

NOTE: HEALTH INFORMATION

The information requested on the student health information sheet will be considered confidential by the school and will be treated accordingly. Any health information given will not prevent your child from taking part in outdoor education activities unless further medical advice warrants exclusion. The information is sought in order to protect and assist the student so that the activity may be a safe and enjoyable experience.