

# Student medical and health information

(Please note: This part of the form will go on camp with your child)

Student name: .....

Entering class: ..... in the year 2022      Date of birth: ..... / ..... / .....

|  |  |
|--|--|
| Parent/Guardian 1's name: .....<br>Relationship to child: .....<br>Address: .....<br>Telephone (home): .....<br>Telephone (work): .....<br>Mobile: .....<br>Does the student live with this parent/guardian?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> | Parent/Guardian 2's name: .....<br>Relationship to child: .....<br>Address: .....<br>Telephone (home): .....<br>Telephone (work): .....<br>Mobile: .....<br>Does the student live with this parent/guardian?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
|--|--|

### Other persons to be notified (Emergency Contacts)

There may be times when the student has an accident, injury, trauma or illness and the parents or guardians cannot be contacted. To deal with these situations the school may need to notify one of the following people who are authorised to collect the student after accident, injury, trauma or illness.

|  |  |
|--|--|
| Name .....<br>Relationship to child .....<br>Address .....<br>Telephone (home) .....<br>Telephone (work) .....<br>Mobile ..... | Name .....<br>Relationship to child .....<br>Address .....<br>Telephone (home) .....<br>Telephone (work) .....<br>Mobile ..... |
|--|--|

Name of Doctor/Medical Service ..... Telephone .....

Address of Doctor/Medical Service .....

Do you hold a Health Care Card?    Yes     No

If yes, please enter the CRN number here .....

Do you have private hospital cover?    Yes     No     Does this include ambulance: Yes     No

Are you an ambulance subscriber?    Yes     No     Number: .....

Medicare number: .....    Child number on card: .....    Exp Date ..... / .....

|  |              |              |                 |
|--|--------------|--------------|-----------------|
| How far can this child swim? (Please circle) | Cannot swim  | Treads water | Can swim 10m    |
|  | Can swim 25m | Can swim 50m | can swim 100m + |

Has this student been vaccinated for Tetanus?    Yes     No

|  |   |
|--|---|
| The following homeopathic remedies may be used to supplement first aid, unless medically contra-indicated. |   |
| Urtica Urens comp lotion for burns   | Calendula/hypericum ointment lotion for abrasions, cuts and sores |
| Arnica D6 drops for shock, trauma, bruising  | Apis D6 drops for bites and stings                                |
| Arnica ointment lotion for bruising and sprains  | Ipecac comp. drops for nausea and vomiting                        |
| Gelsemium D6 drops for general malaise   | Belladonna D6 drops for ear ache                                  |

## Child's medical and health information (continued)

Is this student at risk of Anaphylaxis? Yes  No   
Does this student have any allergies overseen by a doctor? Yes  No   
Does this student have asthma? Yes  No

If you answered 'yes' to any of these, you will need to attach to this form, a **current Asthma Action Plan and/or ASCIA plan, signed by your doctor**. Please note: Children will not be able to attend camps or excursions without this form and their medical plan.

Does this student have any other sensitivities or any other allergies? Yes  No

If yes, please list any known allergens: .....

Signs and symptoms: .....

Treatment and medication: .....

Does this student have any dietary restrictions? Yes  No

If yes, please provide details: .....

Do you consent to this student being given Paracetamol (Panadol), Ibuprofen (Nurofen) or Anti-histamine (Phenergan, Claratyne) if deemed necessary by first-aid trained staff?

Paracetamol: Yes  No  Ibuprofen: Yes  No  Anti-histamine: Yes  No

Is this student on any continuing medication? Yes  No

If yes, please provide details: .....

Does this student have any previously sustained injury or medical condition (e.g. heart condition, diabetes, migranes or epilepsy) that may impact on any school related activities: Yes  No

If yes, please provide details: .....

Declaration and consent to emergency medical treatment:

I, ..... (print full name) being the parent or guardian of the student referred to in this form;

- declare that the information in this form is true and correct and undertake to immediately inform the school in the event of any change to this information;
- agree to collect or make arrangements for the collection of the child referred to in this form if s/he becomes unwell during school;
- consent to the staff of Little Yarra Steiner School seeking, or where appropriate, administering, such emergency medical treatment as is reasonably necessary and that I will reimburse any necessary expenses incurred by the school.

Signature

Date

Please note that where appropriate, students may have their medical conditions displayed within the school.