

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 20 Date of birth: / /

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

Has this student been vaccinated for Tetanus? Yes No

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

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

Homeopathic remedies may be used to supplement first aid treatment, unless medically contra-indicated. Do you consent to the use of homeopathic remedies to supplement your child's first aid?

Yes I consent No I DO NOT Consent

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

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:

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.