



## FORM 10: MEDICAL INFORMATION AND CONSENT FORM

### STUDENT DETAILS

NAME \_\_\_\_\_ YEAR LEVEL \_\_\_\_\_

FULL BOARDER  WEEKLY BOARDER  DAY STUDENT

Date of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_

Medicare Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_ Position: \_\_\_\_\_

Private Health Fund: \_\_\_\_\_

### PARENT CONTACT DETAILS

Mother: (H): \_\_\_\_\_ (W): \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Father: (H): \_\_\_\_\_ (W): \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

### EMERGENCY CONTACT DETAILS

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Ph: (h) \_\_\_\_\_ (w) \_\_\_\_\_ Mobile \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

### IMMUNISATION RECORD

Year of last Tetanus or ADT or DtPA booster: \_\_\_\_\_ Year of last Polio booster: \_\_\_\_\_

Year of last Measles/Mumps/Rubella: \_\_\_\_\_ Year of Chicken Pox Vaccine: \_\_\_\_\_

Year of last Hepatitis B vaccination: \_\_\_\_\_ Year of Meningococcal Vaccine : \_\_\_\_\_

Other: \_\_\_\_\_

### CHILDHOOD DISEASES (tick if your child has had any of the following):

Chicken Pox  Glandular Fever  Mumps  Measles  German Measles

Whooping cough  Croup  Other (please specify): \_\_\_\_\_

### MEDICAL HISTORY

If your son suffers from any of the following, please complete the separate relevant form (available at the college website) AND supply an action plan from your doctor:

Asthma  Diabetes  Epilepsy  Attention Deficit Disorder

Other (please specify and attach any relevant information) \_\_\_\_\_

## CONFIDENTIAL MEDICAL HISTORY (continued)

### **OTHER HEALTH ISSUES THE SCHOOL SHOULD BE AWARE OF:**

Eg. Hepatitis B carrier, bed wetter, psychological problems, special needs/disability, hearing or sight problems, any recent operations or injuries (give details and approximate dates):

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### **ALLERGIES**

Please complete this section if your son has any allergies. These may include foods, other additives, medications, insect bites, plants or pollens, detergents, cleaning agents or others.

1) What is the student allergic to? \_\_\_\_\_

2) What are the signs and symptoms of the allergic reaction? \_\_\_\_\_

3) Has the student at any time in the past suffered from:

- Localised Reaction (any rash, itching, swelling at the site the toxin has entered)
- Systemic Reaction (any rash, itching, swelling away from the site where the toxin has entered)
- Anaphylactic Reaction (severe breathing problems, swelling of the body, emergency situation) **Please have your doctor complete an anaphylaxis management plan.**

4) What medication does the student take to prevent an allergic reaction? \_\_\_\_\_

5) What treatment plan is followed for the student if an allergic reaction occurs? \_\_\_\_\_

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### **PRESCRIPTION MEDICATIONS/ CURRENT TREATMENTS**

List **prescription medications**, their dose and frequency that your son is currently taking **AND** any current treatment(s) the College should be aware of:

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### **“OVER THE COUNTER” MEDICATIONS ADMINISTERED IN HEALTH CENTRE**

The following “**over the counter**” medications are held in the Health Centre for the relief of minor pain, coughs, colds and fever. Please **initial** beside each medication that you authorise us to give to your son if required. Please note Day Students are only allowed to be administered Panadol and Naprosyn. This is a NSW Health Department regulation.

Panadol (for pain relief) \_\_\_\_\_ Panadeine (for strong pain) \_\_\_\_\_

Nurofen (for strong pain & inflammation) \_\_\_\_\_ Senegar (for chesty cough) \_\_\_\_\_

Sudafed (nasal decongestant) \_\_\_\_\_ Duro Tuss elixir (for dry cough) \_\_\_\_\_

Difflam/Betadine gargle (for sore throats) \_\_\_\_\_

List “over the counter medication” other then above that your son may need and for what conditions:

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### **MINOR ALLERGY RELIEFS**

For the relief of minor allergies the following medications may be given. Please **initial** beside each medication that you authorise us to give to your son if required. Claratyne \_\_\_\_\_ Telfast \_\_\_\_\_ Phenergan \_\_\_\_\_

**NECESSARY INFORMATION:**

Can your son swim 50m without stopping? Yes  No  Can he ride a bike? No  Struggles  Comfortably

Are there any other factors which may affect participation in physical activities, excursions or school camps?: \_\_\_\_\_

Does your son have any special dietary requirements? \_\_\_\_\_

Is there any other information we should be aware of? \_\_\_\_\_

**SCHOOL PROCEDURES IN THE EVENT OF ACCIDENT OR ILLNESS  
A: PROCEDURES AT THE COLLEGE**

**SERIOUS AILMENT OR INJURIES:**

If your son has an ailment or injury which requires a doctor or hospital consultation/admission, the following procedures will be followed:

- The parent(s)/guardian(s) will be contacted if at all possible as per the information given to the school.
- First aid will be administered by the school nurse or staff member on hand.
- The school doctor or local general practitioner may be called in to attend to your son

**OR**

- If the school nurse or staff member in charge at the time deems it necessary, your son may be taken straight to the hospital
- In the event of an emergency or on the advice of the attending doctor, your son will be taken by ambulance or other suitable vehicle to the nearest available hospital.

**MINOR AILMENTS:**

- The student will report to the Health Centre and sign the attendance sheet.
- The registered nurse on duty will assess, treat as required or refer the student to other health professionals.

**MINOR INJURIES:**

- The student will report to the Health Centre for treatment.
- If the student is injured whilst playing sport he will report to the First Aid station (eg sports field) and first aid will be administered on site.

**MEDICATION PROCEDURES**

While at school, **all medications** must be kept in the Health Centre.

**Prescription Medication:**

- Assistance will be given by the school nurse or other authorised staff member in their administration if requested by parent/guardian or as ordered by doctor.
- The school nurse or the authorised staff member may only administer or assist with administration of these medications **IF** they clearly display the students name and the required dosage on the label.
- The school nurse or the authorised staff member, if required, will arrange for prescriptions to be filled at the local pharmacy.

**Restricted medication (eg Ritalin):**

- Assistance may be given by an adult, under the supervision of the registered nurse on duty in administering these medications during busy morning, lunch or dinner breaks.
- The nurse on duty will administer this medication at other times.
- All such medications must be stored in the locked cupboard in the Health Centre.
- Instructions re changes to the original dose must be in writing from the specialist physician.
- Appropriate arrangements will be made, in conjunction with the Health Centre, for excursions.

**Over the counter medications:**

- Only those medications authorised by parent(s)/guardian(s) on this consent form will be administered by the school nurse or authorised staff member.

**SCHOOL PROCEDURES IN THE EVENT OF ACCIDENT OR ILLNESS  
B: PROCEDURES FOR CAMPS AND EXCURSIONS.**

**SERIOUS AILMENT OR INJURIES:**

If your son has an ailment or injury which requires a doctor or hospital consultation/admission, the following procedures will be followed:

- First aid will be administered by the staff member on hand.
- The parent(s)/guardian(s) will be contacted if at all possible as per the information given to the school.
- If necessary, your son will be taken by ambulance or other suitable vehicle to the nearest available hospital, or to the College Health Centre.

**MINOR AILMENTS AND INJURIES**

- The staff member at hand will administer first aid and treat as required .
- OR**
- The staff member will refer the student to health professionals

**MEDICATION PROCEDURES**  
**Prescription and ‘Over the Counter’**

- All medications for students are to be given to the staff member at hand and must clearly display the students name and dosage instructions
- The staff member at hand will be responsible for the appropriate storage and administration of those medications.
- **‘Over the counter’ medications for minor ailments will be administered as per the directions on the packet when deemed appropriate by the staff member at hand.**

I/we \_\_\_\_\_ (print names) of

address \_\_\_\_\_

being the parent(s)/guardian(s) of \_\_\_\_\_  
(student’s name) provide the information as requested in the Confidential Medical History section of this form and also consent to the administration of medications specified also in the Confidential Medical History section and any others as notified by me/us, in writing as required.

I/we authorise you in the event of injury to or illness to our son/guardian to follow the procedure(s) set out above. I/we undertake to inform you in writing of any changes to the information in this form as and when necessary.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(parent/guardian)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(parent/guardian)