

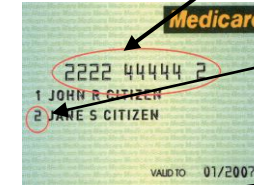
FORM B

STUDENT MEDICAL CONSENT NOTE PLEASE COPY BACK TO BACK

SURNAME

School Male or Female
 Given Name Surname Date of Birth
 Home Address Post Code.....
 Home Phone Work / Mobile Phone
 Details of Medical Cover (MBF etc)
 Pension Concession Details..... Expiry Date.....

Please fill out all Medicare info below.



1. Medicare No.
2. Number of person.
3. Medicare Exp Date

If YES is indicated below, please provide extensive information including medical details, dosage and administering times.

Diabetes	YES NO	If YES, please contact the office for additional forms	Asthma / Other Respiratory Problems	YES NO	Details-
Epilepsy	YES NO		Sinus & or Hay Fever (Please circle)	YES NO	Details-
Special Learning Needs (adhd, autism, etc)	YES NO		Sleep Walking	YES NO	Details-
Severe Allergy – (EpiPen)	YES NO		Bed Wetting	YES NO	Details-
Physical Disabilities	YES NO		Has your child had an infectious disease recently?	YES NO	Details-
Phobias	YES NO		Details-	Immunised for Measles, Chicken pox etc.	YES NO
Medical Allergies Eg: penicillin, analgesics	YES NO	Details-	Tetanus Booster Last Given:- Year:-	YES NO	Details-
Food Allergies (medically diagnosed eg. coeliac, dairy, etc)	YES NO	Details-			
Special Dietary Requirements (Religious reasons, vegetarian, no pork, etc)	YES NO	Details-			
Heart condition / recent operation or injury	YES NO	Details-			
Other Relevant Information	Details-				

Tyalgum Ridge Retreat has a number of aquatic based activities, please indicate your child's swimming ability level- (please tick relevant box)

- Non swimmer
 Weak swimmer (unable to swim 25m)
 Competent (can swim 25m)

In the case of a medical emergency every effort will be made to notify carers.

In the rare instance that contact cannot be made please give authorisation for Qualified Practitioners to administer:

ANAESTHETIC (Please Circle) **YES NO** **BLOOD TRANSFUSION** (Please Circle) **YES NO**

Medical Practice..... General Practitioner's Name Ph.....

Secondary Contact Description (ie. Aunty / Grandparent)..... Ph

School staff will not administer over the counter medication, including analgesics, homoeopathic or prescribed medication unless they meet the accountability of a written request from a parent / guardian accompanied by written advice from a Medical Practitioner and with the medication in the original labelled container.

Are there any custodial issues that the Principal and/or staff of Oxenford State School should to be made aware of? Please outline:

.....

If your child has any other additional details or conditions please outline:

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Education Queensland requires a risk assessment to be conducted on all curriculum areas that contain potential hazards. At the camp several activities (eg. Canoeing, BMX riding etc) are deemed as high risk.. All sessions are conducted by trained and qualified staff.

I (Name)give permission for my child to participate in adventure based activities that are considered high risk by Education Queensland and I hereby authorise the Principal, or his representatives, to obtain such medical attention as may be deemed necessary and I will be required to cover any financial obligations.

SIGNATURE REQUIRED (Parent / Guardian):..... Date/...../.....