

## SHAILER PARK STATE HIGH SCHOOL Medical Consent Form

*Note: This form is to be completed by a Parent or Guardian of any student attending an excursion or camp. It is important for the well being of the student that this form be completed fully and accurately. The information contained herein is required in the event of student's requiring medical treatment and is not intended to stop a student attending an excursion or camp.*

*This form is to also be used for staff.*

<b>STUDENT INFORMATION - PERSONAL DETAILS:</b>		
Surname:	Given Name:	LIP Group:
Date of Birth:	Religion:	
Name of Parent or Guardian:		
Address:		
Telephone: (Home)	(Work)	(Mobile)

<b>STUDENT INFORMATION – MEDICAL INFORMATION:</b>	
Medicare No.	
Are you in a medical insurance fund:	YES / NO
Name of Medical Fund:	

<b>STUDENT INFORMATION – MEDICAL DETAILS:</b>			
Blood Pressure:	YES / NO	Details:	
Diabetes:	YES / NO	Details:	
Epilepsy:	YES / NO	Details:	
Heart problems:	YES / NO	Details:	
Phobias:	YES / NO	Details:	
Respiratory problems:	Asthma	YES / NO	Details:
	Other	YES / NO	Details:
Allergies:	Food	YES / NO	Details:
	Drugs	YES / NO	Details:
	Ointments	YES / NO	Details:
	Other	YES / NO	Details:
Recent Illnesses:	YES / NO	Details:	
Recent Operations:	YES / NO	Details:	
Other ( <i>please list</i> )	YES / NO	Details:	
Has your child had a Tetanus booster in the past 12 months?		YES / NO	

<b>STUDENT INFORMATION – MEDICATION:</b>
<i>Please give details of any medicines being taken by your child including dosage, frequency etc.</i>

*I hereby authorise the principal or his representative to obtain such medical attention as may be deemed necessary and I understand that I am responsible for any costs incurred. I acknowledge that the Department of Education, Training and the Arts does not have Personal Accident Insurance cover for students. I further authorise qualified practitioners to administer anaesthetic and blood transfusion if the necessity arises.*

Parent/Guardian signature:

Date: