

MEDICAL DETAILS



STUDENT DETAILS

Student Name:

Date of Birth:

Parent/Care Giver Name:

I _____ authorise the Assistant Principal: Boarding to allow administration of the following medication to my child. Please tick which medication Boarding is permitted to administer to your child.

Paracetamol

Naprogesic

Nurofen

Cold & Flu

Telfast

I understand this medication would only be administered before follow-up medical treatment would be pursued at a Doctor's surgery if required. Paracetamol would only be administered for low level pain relief.

NOTE: All Boarding students/parents/care givers will be required to have a personal Chemist account to enable direct billing to your own account. There will be no "recharge" facility available and prescriptions will need to be billed to personal accounts or paid for upon filling. Boarding has emergency supply of the medications listed below but students are required to supply their own for more than one-off use.

Are your child's immunisations up to date?

Yes

No

Parent/Care Giver Signature:

Date:

MEDICAL INFORMATION

Private Medical Fund:

No:

Medicare Card No:

Ref No:

Expiry:

Permission to administer Paracetamol for low level pain relief:

Yes

No

Dietary Requirements:

Has your child been affected by or suffers from any medical or health conditions?

Yes

No

If yes, please specify:



Does your child have any allergies (e.g. Anaphylactic)? Yes No

If yes, please specify:

Has your child been assessed or treated by any specialist health professionals? Yes No

If yes, please specify:

Is your child taking any medication regularly? Yes No

If yes, please specify:

Does your child have Asthma? Yes No

Does your child require a preventer? Yes No
If yes, an Asthma Plan must be provided.

Does your child wear glasses? Yes No

Does your child have hearing problems? Yes No

Provide details

ADDITIONAL INFORMATION

Does your child have any religious or cultural requirements? Yes No

If yes, please specify:

Does your child identify as any of the following:
(Please select which option applies)

Aboriginal

Both Aboriginal and Torres Strait Islander

Torres Strait Islander

N/A

Other:

Is English your child's first language? Yes No

If no, please specify:

Is your child a competent swimmer? Yes No

PERMISSION TO ALLOW BOARDING STAFF TO SIGN COLLEGE EXCURSION/ SPORTS FORMS ON PARENTS/CARERS BEHALF

I understand that my child will attend a number of College excursions and possibly be involved in some sporting activities during their schooling year. I authorise my child's Assistant Principal: Boarding or their delegated supervisor to sign College excursion forms and sporting forms on my behalf.

I understand that excursion/sports activities requiring overnight stays or involving high level risk activities and/or costs will still require a parental/care giver signature.

Please tick if you give staff permission to sign for the following on excursion forms:

Anaesthetic

Blood Transfusions

Parent/Care Giver Signature:

Date: