St Peter's
CATHOLIC PRIMARY SCHOOL

Ref:

CONSENT FORM & MEDICAL INFORMATION

Student Name:			
Address:			
Date of Birth:			
Home Phone No.		Mob No.	
Mother's/Guardian's Name:		Contact Nos.	
Father's/Guardian's Name:		Contact Nos.	

Emergency Contact:		Relationship	
Home No.	Work No.	Mob. No.	

Medical Information:	
Medicare No.	
Private Medical Insurance	Yes ☐ No ☐ Company: Policy No:

Are there any ailments or behaviours which staff should know about? Please tick below:

☐ Asthma ☐ Epilepsy ☐ Heart Condition ☐ Blackouts/fainting/dizzy spells
☐ Diabetes ☐ Migraine ☐ Sleepwalking ☐ Travel Sickness ☐ Bed wetting
☐ Recurring/Recent illness ☐ Behavioural/emotional disorders
☐ Other (Please specify)

Any Additional information:	
Date of last tetanus injection:	
Family Doctor:	
Family Dentist:	

Swimming Ability:
Please tick the distance your child can swim comfortably.
☐ Cannot swim (0m) ☐ Weak swimmer (<50m) ☐ Fair swimmer (50-100m)
☐ Competent swimmer (100-200m) ☐ Strong swimmer (200m+)

Allergies:
Please tick if your chid is allergic to any of the following:
☐ Penicillin ☐ Other Drugs:
☐ Foods: ☐ Other allergies:
What special care is recommended for these allergies?

Medication:
Is your child taking any medicine(s) ☐ Yes ☐ No If Yes, provide the name of medication, dose and describe when and how it is to be taken.
Please be aware that any medication (except asthma puffers) that parents wish staff to administer, must include: a) A fully completed and signed student medication request form. b) The original pharmacy label detailing the name of the person authorised to take the medication, dosage, time to be taken and Medical Practitioner's name, as staff will follow the directions on the original label attached to the medication container.
Analgesics:
Has your child ever taken analgesics (eg. Panadol) ☐ Yes ☐ No
Was there a known reaction to these?
Do you give permission for staff to administer Paracetamol while on camp ☐ Yes ☐ No

Permission:

As a parent/guardian of I give my consent for him/her to participate in this camp and agree to delegate my authority to the staff involved. Such teachers may take whatever disciplinary action they deem necessary to ensure the safety, well-being and good conduct of the students as a group, or individually in the abovementioned activity.

I have read the program and agree to my son/daughter's participation in all the activities listed in the program.

I understand that the teachers will endeavour to contact me in an emergency. If I am unable to be contacted I authorise the teachers to obtain medical assistance which they deem necessary should an accident or illness occur. I authorise qualified medical practitioners to administer an anaesthetic if such an eventuality arises. I agree to pay all medical, ambulance and pharmaceutical expenses incurred on behalf of the student.

I acknowledge that while the school, its staff, associated instructors and volunteers will make every reasonable effort to minimize exposure to known risks; all hazards and dangers associated with these activities cannot be foreseen or may be beyond the control of the school, its staff, volunteers and associated instructors. I agree to waive any claims of liability that may arise against any school personnel relative to the above.

Name: **Date:**

Signature: