



MEDICAL CONSENT FORM AND EMERGENCY CONTACT INFORMATION

Student Details

Surname _____

Given name _____

Date of birth _____

Mobile phone number _____

Dietary restrictions (if any)

Student Medical Details

Date of last anti-tetanus injection (if any) _____

Any relevant medical history important for our information, e.g. Asthma, diabetes, epilepsy, hay fever, bee stings, allergies, medications taken during the last month or pre-existing conditions.

Please provide details of any medication your child is currently taking. Attach information if necessary.

Medication Required

All medication must be clearly labelled with your child's name and any instructions included with the medication. All medication must be provided in original packaging.

Parents must give the medication to the supervising teachers before departing for the excursion.

Please fill in the table on the next page if your child is required to take any medication during the excursion.

Permission for Panadol/Nurofen/Cold & flu medication to be administered if required Yes / No

Medicare Number Expiry

Private Health Fund Name Member number

I am covered by Ambulance Service: Yes/No

Accident and Injury Insurance

Holy Trinity's medical insurance covers the cost of ambulance transportation for a child from the location of the accident to the nearest hospital. The cost of any medical care and transportation from arrival at the hospital is to be paid by the parent or guardian.

Staff on the excursion will make every effort to contact a parent or guardian before their child is administered a blood transfusion, anaesthetic or undertakes an operation.

Parent/Guardian's Declaration

I consent to my child being administered medical treatment and authorise hospitalisation if deemed necessary. I authorise the administering of an anaesthetic, blood transfusion or operation if this is deemed necessary by the medical officer attending. I accept full responsibility for all expenses incurred.

Name (Parent/Guardian): _____

Signature: _____ Date: _____

Telephone – Home: _____ Work: _____ Mobile: _____

Emergency Contact:

Name: _____

Contact Number: _____

Relationship to student: _____

Medication Register

Student Name _____

Please list the medication and dosage. Teachers will collect and administer any medication.

Date	AM	PM	Administered By	Signed	Time
Monday 19/09/22	Medication	Medication			
	Dosage	Dosage			
Tuesday 20/09/22	Medication	Medication			
	Dosage	Dosage			
Wednesday 21/09/22	Medication	Medication			
	Dosage	Dosage			
Thursday 22/09/22	Medication	Medication			
	Dosage	Dosage			