

# Student safety

ELTHAM HIGH SCHOOL

## Confidential Medical Information for School Council approved School Excursions

(Please complete and return as soon as possible)

This information is intended to assist the school in case of any medical emergency with your child. All information is held in confidence.

Child's Name: .....

Date of Birth: ..... School Year Level:.....

Parent's/Guardian's Full Name:.....

Address: .....

..... Postcode:.....

Emergency Telephone:

After Hours: ..... Business Hours:.....

Name and Address of Family Doctor:.....

Medicare No: ..... Ambulance Subscriber Yes / No

Medical/Hospital Insurance Fund: ..... Contribution / Membership No:.....

Please circle if your child suffers any of the following:

Asthma (include management plan)

Fits of any type

Heart condition

Diabetes (include management plan)

Dizzy spells

Sleepwalking

Blackouts

Migraine

Travel sickness

Anaphylaxis (include management plan)

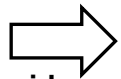
Other .....

Allergies to:

Penicillin: ..... Other drugs:.....

Any foods: .....

Other: .....



**What special care is recommended? Please complete the additional form on the reverse side.**

**Tetanus Immunisation** -Year of last tetanus immunisation .....(Tetanus immunisation is normally given at five years of age [as Triple Antigen or CDT] and at fifteen years of age [as ADT])

**Tablets and Medicines** - Is your child presently taking tablets and/or medicine? YES/NO

IF YES, please state name of medication, dosage etc .....

.....

All medication must be handed to the teacher in charge prior to leaving. All containers must be labelled with your child's name, the dose to be taken and when it should be taken. (These will be kept securely and distributed as required). If it is necessary or appropriate for your child to carry their own medication (for example, asthma puffers and insulin for diabetes) it must be with the knowledge and approval of both the teacher in charge and yourself.

**Previous Experience** - Is this the first time your child has been away from home? YES/NO

### CONSENT TO MEDICAL ATTENTION

Where the teacher in charge of the excursion is unable to contact me, or it is otherwise impracticable to contact me, I authorise the teacher in charge to:

- consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner,
- administer such first-aid as the teacher in charge may judge to be reasonably necessary.

Signature of Parent/Guardian:..... Date: .....

The Department of Education requires this consent to be signed for all students attending school excursions.

**Note:** Parents/guardians should provide written approval prior to their child taking part in any excursion.

# EXTRA STUDENT MEDICAL CONDITIONS

Student Name:
---------------

Details on the medical condition(s) identified on **Confidential Medical Information**

<i>What medical condition does the student have?</i>					
Symptoms:					
<i>If my child displays any of the symptoms above please:</i> (tick)					
Inform Doctor	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Inform Emergency Contact	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Administer Medication	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other Medical Action	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Call Ambulance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please specify:		
<i>Does the student take medication?</i> (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>Name of medication taken:</i>		
<i>Is the medication taken regularly by the student (preventive) or only in response to symptoms?</i> (tick)				<input type="checkbox"/> Preventative	<input type="checkbox"/> Response
<i>Indicate the usual dosage of medication taken:</i>			<i>Indicate how frequently the medication is taken:</i>		
<i>Medication is usually administered by:</i> (tick) <input type="checkbox"/> Student <input type="checkbox"/> Teacher <input type="checkbox"/> Other					
<i>Medication is stored:</i> (tick) <input type="checkbox"/> with Student <input type="checkbox"/> Teacher					
<i>Dosage time</i>	<i>Reminder required?</i> (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>Poison Rating</i>	
				<i>Schedule Number</i>	

<i>What medical condition does the student have?</i>					
Symptoms:					
<i>If my child displays any of the symptoms above please:</i> (tick)					
Inform Doctor	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Inform Emergency Contact	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Administer Medication	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other Medical Action	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Call Ambulance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please specify:		
<i>Does the student take medication?</i> (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>Name of medication taken:</i>		
<i>Is the medication taken regularly by the student (preventive) or only in response to symptoms?</i> (tick)				<input type="checkbox"/> Preventative	<input type="checkbox"/> Response
<i>Indicate the usual dosage of medication taken:</i>			<i>Indicate how frequently the medication is taken:</i>		
<i>Medication is usually administered by:</i> (tick) <input type="checkbox"/> Student <input type="checkbox"/> Teacher <input type="checkbox"/> Other					
<i>Medication is stored:</i> (tick) <input type="checkbox"/> with Student <input type="checkbox"/> Teacher					
<i>Dosage time</i>	<i>Reminder required?</i> (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>Poison Rating</i>	
				<i>Schedule Number</i>	