



TOKOROA HIGH SCHOOL PROCEDURE

Subject: EOTC Health profile and medical consent

Name: _____ Medic Alert Number: _____
(if applicable)

1. Please tick if you have any of the following:

- | | | | | | |
|---------------------|--------------------------|------------------------------|--------------------------|------------------|--------------------------|
| Migraine | <input type="checkbox"/> | Epilepsy | <input type="checkbox"/> | Asthma | <input type="checkbox"/> |
| Diabetes | <input type="checkbox"/> | Travel sickness | <input type="checkbox"/> | Fits of any type | <input type="checkbox"/> |
| Chronic nose bleeds | <input type="checkbox"/> | Heart condition | <input type="checkbox"/> | Dizzy spells | <input type="checkbox"/> |
| Colour blindness | <input type="checkbox"/> | Other (Please specify) _____ | | | |
| ADHD | <input type="checkbox"/> | | | | |

For overnight events

- | | | | |
|--------------|--------------------------|------------|--------------------------|
| Sleepwalking | <input type="checkbox"/> | Bedwetting | <input type="checkbox"/> |
|--------------|--------------------------|------------|--------------------------|

2. Is your child currently taking medication? Yes No

If YES, please state: Health condition/s: _____

Name of medication/s: _____

Dosage and time/s to be taken: _____

Other Treatment: _____

3. Have you had any major injuries (breaks or strains) or illness (glandular fever etc) in the last six months that may limit full participation in any activities?

Yes No

If YES, please state the injury/illness:

4. Are you allergic to any of the following?

- | | Yes | No | Please specify |
|-------------------------|--------------------------|--------------------------|----------------|
| Prescription medication | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Food | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Insect bites/stings | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Other allergies | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

What treatment is required? _____

5. When was your child's last tetanus injection? _____

6. Outline any dietary requirements:

7. If you don't agree to your child receiving any of the following medication please indicate using a "✗". Either left blank or using a "✓" will signal consent.

Panadol/Paracetamol

Nurofen/Ibuprofen

Disprin/Asprin

8. To the best of your knowledge. Has your child been in contact with any contagious or infectious diseases in the last four weeks?

Yes

No

If YES, please give brief details

9. Is there any information the staff should know to ensure the physical and emotional safety of your child? (For example cultural practices; disability; anxiety; about heights/darkness/small spaces; pregnancy; behaviour or emotional problems).

Yes

No

If YES, please state or attach the information.

Tick

I agree that if prescribed medication needs to be administered, a designated adult will be assigned to do this. I will ensure that prescribed medication is clearly labelled, securely fastened and handed to the designated adult with instructions on its administration.

I will inform the school as soon as possible of any changes in the medical or other circumstances between now and the commencement of the event.

I agree to my child receiving any emergency medical, dental, or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

Any medical costs not covered by ACC or a community service card will be paid by me.

If my child is involved in a serious disciplinary problem, including the use of illegal substances and/or alcohol, or actions that threaten the safety of others, s/he will be sent home at my expense.

To be read and signed by parent/caregiver of child participant.

Signature: _____

Name: _____ Date: _____

This form will be filed and you need not complete another health profile and medical consent form. If however any condition/situation changes it is imperative that you inform the school without delay.