MEDICAL CONSENT & PROCEDURE FORM

SECTION 1: STUDENT AND FAMILY DETAILS

STUDENT DETAILS

Surname: _____

Given names: _____

Date of birth: _____

School year in 2023: _____

Boarding house (if applicable): _____

Medicare number: _____

Position on card: _____

Expiry (month & year): _____

Private Health Fund provider: _____

Doctor's details Name: _____

Contact number: _____

Dentist/Orthodontist details: Name: _____

Contact number: _____

Emergency contact details: Name: _____

Contact number: _____

Address: _____

Please state briefly any health issues, medical alerts or special needs of which staff need to be aware:

_____

_____

PARENT/GUARDIAN 1 DETAILS

Surname: _____

Given names: _____

Relationship: _____

Address: _____

_____

Home phone: _____

Work phone: _____

Fax: _____

Mobile: _____

Email: _____

PARENT/GUARDIAN 2 DETAILS

Surname: _____

Given names: _____

Relationship: _____

Address: _____

_____

Home phone: _____

Work phone: _____

Fax: _____

Mobile: _____

Email: _____

SECTION 2: MEDICAL DETAILS

Is your child's immunisation up to date? ☐ Yes ☐ No

IMMUNISATION RECORD

Year of last Tetanus or ADT booster: _____

Year of last Polio booster: _____

Year of last Measles/Mumps/Rubella: _____

Year of last Hepatitis B vaccination: _____

☐ I have attached a copy of my child's Immunisation Certificate including the Covid vaccination history. History Statements can be obtained by logging into Medicare online (via MyGov) or you can visit your local Medicare office or call 1800 653 809.

CHILDHOOD DISEASES

Please tick boxes if your child has had any of the following illnesses:

☐ Chicken Pox ☐ Rheumatic Fever ☐ Whooping Cough ☐ Mumps

☐ Measles ☐ Rubella (German Measles) ☐ Glandular Fever ☐ Croup

☐ Other (please specify): _____

ASTHMA HISTORY

Does your child suffer from Asthma? ☐ Yes ☐ No

If yes, please answer the following:

Has your child been to hospital due to asthma in the past 12 months? ☐ Yes ☐ No

Has your child been treated with oral cortisone in the past 12 months? ☐ Yes ☐ No

Does your child have an action plan? If yes, please enclose a copy. ☐ Yes ☐ No

Name of current reliever: _____

Name of current preventer: _____

Other medication taken for Asthma: _____

MEDICAL HISTORY

Please tick if your child has suffered from any of the following:

☐ Diabetes ☐ Epilepsy ☐ Attention Deficit Disorder

Please note any other health issues that the School should be aware of.
For example, special needs or disability, learning difficulties/problems, fainting, Hepatitis B carrier, incontinence, etc.

_____

_____

_____

_____

COUNSELLING OR PSYCHOLOGICAL ISSUES

Please describe any counselling or psychological issues that your child has or has had that the School should be aware of:

PRESCRIPTION MEDICATION

Please list any prescription medications, dosage and frequency that your child is currently taking:

ALLERGIES AND TREATMENT REQUIRED

Medication:

Food:

Insects:

Other:

ASCIA Action Plan supplied: ☐ Yes ☐ No

OPERATIONS AND OTHER INJURIES

Please describe any operations your child has had or any other injuries that the School should be aware of:

CURRENT TREATMENTS

Please describe any current treatments that your child is undergoing that the School should be aware of:

HEARING OR SIGHT DIFFICULTIES

Does your child wear glasses? ☐ Yes ☐ No

Please provide further detail below regarding your child's use of glasses (e.g. short or long sided, for reading only or for use with computers, coloured glasses etc.):

Does your child have any hearing difficulties? ☐ Yes ☐ No

If yes, please provide further detail below:

SECTION 3: SCHOOL PROCEDURE (ACCIDENT OR ILLNESS)

MINOR AILMENTS

- The student will report to the Health Clinic where their attendance will be recorded on the daily register.
- The registered nurse on duty will assess and treat the student as required. If further care is required for Boarders they will be referred to the appropriate health professionals.

MINOR INJURIES

- Student to report to the Health Clinic where assessment and first aid will be administered.
- If the student is injured while playing sport they should report to the coach/teacher in the first instance and then to the registered nurse on duty.
- Treatments will be documented in personal medical records and if presented, the student's diary will be stamped.

SERIOUS ILLNESS/INJURY REQUIRING A DOCTOR OR HOSPITAL

- The parent/guardian will be contacted if at all possible according to the information available on the medical form.
- The school nurse will be called to the site of the injury/illness and/or the student transferred to the Health Clinic where first aid will be administered.
- The nurse on duty will assess the student and if required the student will be transported to the doctor/hospital.
- In an emergency or on the advice of an attending doctor, the student will be taken by ambulance or other suitable vehicle to the nearest hospital.

MEDICATION PROCEDURES

- Parents are requested to inform the Health Clinic of any medications being taken by students.
- All medications taken during the school day should be stored in the Health Clinic unless other arrangements are made with the nursing staff.
- All medications administered by the school nurse will be recorded.

Non-prescription or 'over the counter' medications:

The following non-prescription medications are held in the Health Clinic for the relief of minor pain, coughs, cold and fever. Please sign beside each medication that you authorise us to administer to your child if required:

☐ Panadol	☐ Cold sore cream	☐ Acetopt eye drops	☐ Senegar cough mixture
☐ Nurofen	☐ Anti-fungal cream	☐ Auralgin ear drops	☐ Rikodene cough mixture
☐ Disprin	☐ Gastrolyte	☐ Anti-inflammatory gel	☐ Brondecon cough mixture
☐ Panadeine	☐ Throat lozengers	☐ Throat gargle	☐ Hirudoid
☐ Sudafed	☐ Mylanta	☐ Heat Rub	

Please list below any other non-prescription medications that your child may need and name of the condition being treated.

_____

_____

_____

For the relief of minor allergies the following medications may be given. Please sign beside each medication that you authorise us to give your child if required.

☐ Claratyne	☐ Telfast	☐ Phenergan	☐ Sudafed

Prescription and Restricted Medications:

- Assistance will be given by the school nurse in the administration of prescription medication, when requested in writing by parents/guardians or as prescribed by a doctor.
- Assistance will be given by the school nurse in the administration of Restricted medication (such as Ritalin, Dexamphetamine) after receiving documentation from the doctor or parent/guardian.
- Instructions regarding changes to the original dosage of long term or Restricted medications must be in writing from the doctor or parent/guardian.
- The school nurse many only administer or assist with the administration of any medication if the medication provided is its original container with label clearly displaying the student's name and the required dosage.
- The school nurse will arrange for the local pharmacy to fill prescriptions for boarders.
- All medications will be stored in a locked cupboard in the Health Clinic.

SECTION 4: PARENT/GUARDIAN CONSENT

I/We _____ (Parent/Guardian please print name)

being the parent/guardian of _____ (Please print student name)

Consent to the administration of medicines specified in Section One and any others as notified by me/us in writing as required and also provide the information as requested in Section Two of this form.

I/We authorise you, in the event of injury to / or illness of our child, to follow the procedure(s) set out in Section One of this consent.

I/We undertake to inform you of any changes to the information contained in this form as and when necessary. This consent shall remain valid unless withdrawn and notified by myself/us in writing to the School.

Signed: _____ Date: _____

Signed: _____ Date: _____

PLEASE RETURN THIS FORM TO:

Admissions Office
Kinross Wolaroi School
Locked Bag 4, Orange NSW 2800

For further information please contact the School on 02 6392 0300