

FORM A

STUDENT MEDICAL CONSENT NOTE PLEASE COPY BACK TO BACK

SURNAME

School Male or Female

Given Name Surname Date of Birth

Home Address..... Post Code.....

Parent/Guardian Names..... Home Phone Work/Mobile.....

Details of Medical Cover (MBF etc)

Pension Concession Details..... Expiry Date.....

Please fill out all Medicare info below.



1. Medicare No.
2. Number of person.
3. Medicare Exp Date

If YES is indicated below, please provide extensive information including medical details, dosage and administering times.

Diabetes	YES NO	If YES, information MUST be downloaded from our website and attached to this form- www.talloec.eq.edu.au <ul style="list-style-type: none"> Residential Camps Hero's Journey Information for Parents Medical conditions / Special needs 	Asthma / Other Respiratory Problems	YES NO	Has your child had an infectious disease recently?	YES NO
Epilepsy	YES NO		Sinus & or Hay Fever (Please circle)	YES NO	Immunised for Measles, Chicken pox etc.	YES NO
Special Learning Needs (adhd, autism, etc)	YES NO		Tetanus Booster Last Given:- Year:-	YES NO		YES NO
Severe Allergy – (Epipen)	YES NO		Provide details of medication that your child needs to take at camp			
Physical Disabilities	YES NO		MEDICATION DOSAGE			
Bed Wetting/ Sleep Walking/ Phobias	YES NO		Breakfast			
Medical Allergies Eg: penicillin, analgesics	YES NO		Lunch			
Food Allergies (medically diagnosed eg. coeliac, dairy, etc)	YES NO		Dinner			
Special Dietary Requirements (Religious reasons, vegetarian, no pork, etc)	YES NO	Supper				
Heart condition / recent operation or injury	YES NO					
Other Relevant Information	Details-					

The Beach School has a number of aquatic based activities, please indicate your child's swimming ability level- (please tick relevant box)

Non swimmer
 Weak swimmer (unable to swim 25m)
 Competent (can swim 25m)

In the case of a medical emergency every effort will be made to notify carers.

In the rare instance that contact cannot be made please give authorisation for Qualified Practitioners to administer:

ANAESTHETIC (Please Circle) **YES NO** **BLOOD TRANSFUSION** (Please Circle) **YES NO**

Medical Practice..... General Practitioner's Name Ph.....

Secondary Contact Description (ie. Aunty / Grandparent)..... Ph

School staff will not administer over the counter medication, including analgesics, homoeopathic or prescribed medication without a written request from a parent / guardian and/or by written advice from a medical practitioner. Medications must be labelled and in the original container.

(YES/NO) I give permission for school staff to administer one dose of paracetamol as required should my child be suffering from a headache or any mild discomfort.

Are there any custodial issues that the Principal and/or staff of Tallebudgera Beach School should to be made aware of? Please outline:

.....
If your child has any other additional details or conditions please outline:
.....

Education Queensland requires a risk assessment to be conducted on all curriculum areas that contain potential hazards. At the Beach School several activities (eg. Body boarding, tobogganing, etc) are deemed as high risk. To minimise these potential risks the Beach School implements strict safety procedures in accordance with the Departments safety guidelines. The Beach School prides itself on its impeccable safety record. All sessions are conducted by trained and highly qualified staff. Please refer to the Beach School website for further information - www.talloec.eq.edu.au > Residential Camps > Hero's Journey > Hero's Journey CARA's

(YES / NO) I give the Tallebudgera Beach School permission to use any photographs or videos of my child for promotional or marketing purposes

I (Name)give permission for my child to participate in adventure based activities that are considered high risk by Education Queensland and I hereby authorise the Principal, or his representatives, to obtain such medical attention as may be deemed necessary. I acknowledge that the Department of Education, Training and Employment does not have Personal Accident Insurance cover for students. I agree to pay all expenses incurred on behalf of the above student.

SIGNATURE REQUIRED (Parent / Guardian):..... Date/...../.....