STUDENT MEDICAL CONSENT AND PROCEDURE FORM

PLEASE PRINT ALL DETAILS ON THIS FORM

Student Surname: _____ First Names: _____

Year Group: _____ Date of Birth: _____ Religion: _____

Mother's Name: _____ Address: _____ _____ _____	Home ph. _____ Work ph. _____ Mobile: _____ Fax: _____
Father's Name: _____ Address: _____ _____ _____	Home ph. _____ Work ph. _____ Mobile: _____ Fax: _____

MEDICARE NUMBER			
EXPIRY DATE		Position on card	

Private Health Fund Name:_____ Membership No: _____	Ambulance Cover ☐ Yes ☐ No Physiotherapy Cover ☐ Yes ☐ No
Doctor's Name: _____ Phone: _____	Dentist/ Orthodontist: _____ Phone: _____

Who is the emergency contact*? ☐ Mother ☐ Father ☐ Guardian

*If not Mother/Father/Guardian, please provide name, relationship to student and full contact details:

_____

_____

_____

Please state briefly any HEALTH ISSUES, MEDICAL ALERTS or SPECIAL NEEDS of which staff need to be aware: _____

_____

_____

Boarders: PLEASE ATTACH A PHOTOCOPY OF MEDICARE CARD and (if applicable) PENSIONER HEALTH CARD.

Parents are reminded that they are responsible for the costs of prescriptions.

MEDICAL CONSENT FORM - PLEASE PRINT

To The Head of College,

I/We ..... (parent/guardian names) being the parent/guardian of ..... (name of student), consent to the administration of medications specified in Section One (over page) 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 son, to follow the procedure(s) set out in Section One (over page) 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 This consent shall remain valid unless withdrawn and notified by myself/us in writing to the school.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.....
(parents/guardians please sign)

SECTION ONE - SCHOOL PROCEDURES IN THE EVENT OF ACCIDENT OR ILLNESS

MINOR AILMENTS

The student will report to the Infirmary where his 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 appropriate health professionals.

MINOR INJURIES

Student to report to the Infirmary where assessment and first aid will be administered.
If the student is injured whilst playing sport he should report to his 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 Record Book will be stamped.

SERIOUS ILLNESS / INJURY REQUIRING 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 Infirmary 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 available hospital.

MEDICATION PROCEDURES

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

PRESCRIPTION AND RESTRICTED MEDICATIONS

Assistance will be given by the school nurse in the administration of prescribed medication, when requested in writing by parents/guardians or as prescribed by the school 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 and parent.

Instructions regarding changes to the original dosage of long term or restricted medications must be in writing from the doctor and parent/guardian.

The school nurse may only administer or assist with the administration of any medication IF the medication is provided in its ORIGINAL CONTAINER with a 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 Infirmary.

NON-PRESCRIPTION OR "OVER THE COUNTER MEDICATIONS"

Complete this section for BOARDING STUDENTS

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

Panadol _____ Disprin _____
Nurofen _____ Sudafed _____
Avomine (travel sickness) _____ Bisolvon (cough mixture) _____
Throat gargles _____ Throat lozenges _____
Dexsal _____ Gastrolyte _____
Mylanta _____ Imodium _____
Buscopan _____

For the relief of minor allergies the following medications may be given. Please sign beside each medication that you authorise us to give to your son if required.
Claratyne_____ Telfast _____ Phenergan _____ Sudafed PE _____

Please list below other NON PRESCRIPTION MEDICATIONS that your son may need and the name of the condition:
_____
_____

Complete this section for DAY STUDENTS

Due to new Department of Health regulations (Pharmaceutical Branch) no medication may be given to day students unless authorised and supplied as stated above be parents. Panadol, Mylanta and Anti-Histamine will be held in the Infirmary should it be required by your son. Any other medications will need to be supplied to Matron with your son's name and instructions for use. Please sign for Panadol, Mylanta and Anti-histamine if you authorise us to administer this to your son if required.

Panadol _____ Mylanta _____ Anti-Histamine _____

Please list below any other NON-PRESCRIPTION MEDICATIONS that your son may need and the name of the condition being treated. If your son requires these medications reasonably often, (e.g. Migraine, Hay Fever, Allergy) please supply a small box of the medication to Matron with your son's name and with instructions as to dosage and frequency.
_____
_____

SECTION TWO - CONFIDENTIAL MEDICAL HISTORY

1. IMMUNISATION RECORD:

PLEASE ATTACH LATEST COPY OF IMMUNISATION RECORD. ☐ Attached

2. CHILDHOOD DISEASES (Please tick if your son has had any of the following)

☐ Chicken Pox ☐ Glandular Fever ☐ Mumps

☐ Measles ☐ Whooping Cough ☐ Rubella (German Measles)

☐ Rheumatic Fever ☐ Croup

☐ Other (please specify) _____

3. ASTHMA HISTORY:

Does your son suffer from Asthma ☐ Yes ☐ No *(if Yes please answer the following)*

Has your son been to hospital due to Asthma in the past 2 years ☐ Yes ☐ No

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

Does your son have an Asthma action plan (if Yes please enclose) ☐ Yes ☐ No

His current RELIEVER is:_____

His current PREVENTER is:_____

Other medication taken for Asthma?_____

4. MEDICAL HISTORY:

Diabetes ☐ Yes ☐ No

Epilepsy ☐ Yes ☐ No

Attention Deficit Disorder ☐ Yes ☐ No

If you answered Yes, please provide details of treatment or attach treatment plan.

_____

_____

_____

Other health issues the school should be aware of (e.g. Special Needs or Disability; Fainting; Hepatitis B Carrier; Incontinence).

_____

_____

_____

5. PRESCRIPTION MEDICATIONS

Please list prescription medications, the dosage and frequency that your son is currently taking:

_____ _____ _____

_____ _____ _____

_____ _____ _____

CONFIDENTIAL MEDICAL HISTORY (SECTION TWO cont.)

6. ALLERGIES AND TREATMENT REQUIRED

Medications: _____

Food: _____

Insects: _____

Other: _____

If you have a treatment plan for your son, please attach.

7. OPERATIONS AND OTHER INJURIES
Please provide details of any operations or serious injuries your son has had.

_____

_____

_____

8. CURRENT TREATMENTS THAT THE SCHOOL SHOULD BE AWARE OF:

_____

_____

_____

9. DOES YOUR SON HAVE HEARING OR SIGHT DIFFICULTIES (e.g. glasses, hearing aids, etc.)

_____

_____

10. ANY ADDITIONAL INFORMATION

_____

_____

_____

_____

_____

If your son is playing contact sport it is advisable to be immunised against Hepatitis B. If you are unsure if your son is immunised, please contact your family doctor.