

FORM D

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 →	<p>If YES, information MUST be downloaded from our website and attached to this form- https://currumbinfarmschool.eq.edu.au</p> <ul style="list-style-type: none"> • Support and resources • Forms and documents • Documents • 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	YES NO		YES NO									
Severe Allergy – (Epipen)	YES NO →		Last Given:- Year:-												
Physical Disabilities	YES NO →		<p>Provide details of medication that your child needs to take at camp</p> <table border="1"> <thead> <tr> <th>MEDICATION</th> <th>DOSAGE</th> </tr> </thead> <tbody> <tr> <td>Breakfast</td> <td></td> </tr> <tr> <td>Lunch</td> <td></td> </tr> <tr> <td>Dinner</td> <td></td> </tr> <tr> <td>Supper</td> <td></td> </tr> </tbody> </table>				MEDICATION	DOSAGE	Breakfast		Lunch		Dinner		Supper
MEDICATION	DOSAGE														
Breakfast															
Lunch															
Dinner															
Supper															
Bed Wetting/ Sleep Walking/ Phobias	YES NO	Details-													
Medical Allergies Eg: penicillin, analgesics	YES NO	Details-													
Food Allergies (medically diagnosed eg. coeliac, dairy, etc)	YES NO	Details-													
Special Dietary Requirements (Religious reasons, vegetarian, no pork, etc)	YES NO	Details-													
Heart condition / recent operation or injury	YES NO	Details-													
Please provide other relevant information including cultural sensitives or child wellbeing		Details-													

TOEEC - Currumbin Valley Campus have programs with some aquatic-based activities, please indicate your child's swimming ability level - (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 TOEEC – Currumbin Valley Campus 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 TOEEC, several activities (eg. Climbing, kayaking, etc) are deemed as high risk. To minimise these potential risks TOEEC implements strict safety procedures in accordance with the Departments safety guidelines. TOEEC prides itself on its impeccable safety record. All sessions are conducted by trained and highly qualified staff. Please refer to the TOEEC – Currumbin Valley Campus website for further information - <https://currumbinfarmschool.eq.edu.au> > Support and resources > Forms and documents > Documents > CARAs

I (DO / DO NOT) give TOEEC permission to use any photographs or videos of my child for promotional / 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 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/...../.....