

# MEDICAL INFORMATION AND CONSENT FORM ACCOMPANYING ADULTS

## Instructions

I am aware that the principal at the school should be made aware of any health or medical issues that I have which might affect my capacity to undertake visiting or volunteering activities. I understand that this is to ensure that duty of care obligations to volunteers under work health and safety legislation are met and so that I am not placed in a situation in which any health issues I have could result in avoidable risk to myself and others. I will advise the principal if I have any physical condition, disability, allergy, past injury, medication or medical treatment which could affect me in my capacity as a volunteer or visitor.

### Section A – Personal Details (please fill in clearly)

Name			
Address			
Telephone Contact	Mobile		Other
Emergency Contact			Telephone
Name of General Practitioner			Telephone

### Section B – Medical Information

#### Please tick if you suffer from any of the following:

- |  |   |  |  |   |
|--|---|--|--|---|
| <input type="checkbox"/> Allergies       | <input type="checkbox"/> Blood Pressure | <input type="checkbox"/> Epilepsy*         | <input type="checkbox"/> Hay Fever       | <input type="checkbox"/> Nose Bleeds            |
| <input type="checkbox"/> Anaphylaxis*    | <input type="checkbox"/> Diabetes*      | <input type="checkbox"/> Fainting          | <input type="checkbox"/> Headaches       | <input type="checkbox"/> Reaction to Drugs      |
| <input type="checkbox"/> Asthma*         | <input type="checkbox"/> Eczema         | <input type="checkbox"/> Fits or blackouts | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Sight/Hearing Problems |
| *Please discuss with organising teacher. |   |  |  | <input type="checkbox"/> Sun Screen Sensitivity |

☐ Other (please specify)

#### Please identify whether you are presently taking any medication:

Yes ☐ No ☐

Date of last tetanus injection

Are you aware of any physical or psychological limitations that may impact your capacity as volunteer support. (Please specify)

Yes ☐ No ☐

Is there any other information which you believe may be relevant to your general medical/health care.

### Section C – Authorisation

- In the case of requiring medical treatment or in the case of a medical emergency, including an anaphylaxis or asthma emergency, I consent to:
  - the provision of first aid;
  - the provision of analgesics;
  - or my emergency contacts;
- I authorise the school, where it is impracticable to communicate with me, to arrange for me to receive such medical or surgical treatment as may be deemed necessary.
- I undertake to pay any costs that may be incurred for the medical treatment, ambulance transportation and medications.

Signature

Date