ACT Government Education

MEDICAL INFORMATION AND CONSENT FORM

Instructions

This form must be completed by the parent/carer of each student in an ACT public school. The form is used to request general medical information about students and provides for parents/carers to consent to first aid treatment for their child/ren in line with the directorate's First Aid Policy and First Aid General Procedures. This form must be completed annually. Parents/carers must inform the school immediately if there are any changes to the information provided within the form.

Section A – Personal Details (please fill in clearly)

Student's Name		**Date of Birth**		**Gender**	M ☐ F ☐
School		**School Year**			
Parent/Carer Name		**Address**			
Telephone Contact	**Mobile**	**Home**		**Business**	
Emergency Contact 1		**Telephone**			
Emergency Contact 2		**Telephone**			
Name of Qualified Health Professional		**Telephone**			

Section B – Medical Information

Please tick if your child suffers any of the following:

☐ Allergies	☐ Blood Pressure	☐ Epilepsy*	☐ Hay Fever	☐ Nose Bleeds
☐ Anaphylaxis*	☐ Diabetes*	☐ Fainting	☐ Headaches	☐ Reaction to Drugs
☐ Asthma*	☐ Eczema	☐ Fits or blackouts	☐ Heart Condition	☐ Sight/Hearing Problems
*Please complete and attach a *Known Medical Condition Response Plan*				☐ Sun Screen Sensitivity

☐ Other (please specify)

Please identify whether your child is presently taking any medication: Yes ☐ No ☐

If yes, the parent/career must give written permission and direction for the administration of any medication at school or during school related activities, as follows:

- For a short term, non-ongoing medical condition (e.g. antibiotics for a period of 10 days) please complete the *Medication Authorisation and Administration Record* and provide qualified medical professional's authorisation (a copy of the medical prescription is sufficient in the case of short term administration of medication).
- For long term, ongoing administration of prescribed medication complete the *Medical Information and Consent Form,* the *Known Medical Condition Response Plan* and the *Medication Authorisation and Administration Record.*

Date of last tetanus injection

Are you aware of any physical or psychological limitations of your child (please specify)?

Is there any other information which you believe may be relevant to the general medical/health care of your child?

Section C – Parent/Carer Authorisation

1. In the case of my child requiring medical treatment or in the case of a medical emergency, including an anaphylaxis or asthma emergency, I consent to:
   a. the provision of first aid;
   b. the provision of analgesics;
   c. treatment as outlined in the attached *Known Medical Condition Response Plan* (where relevant).
2. I authorise the school, where it is impracticable to communicate with me, to arrange for my child to receive such medical or surgical treatment as may be deemed necessary.
3. I undertake to pay any costs that may be incurred for the medical treatment, ambulance transportation and medications.

NB: Parents/carers should note that in the absence of a *Known Medical Condition Response Plan*, in cases of emergency excepting anaphylaxis or asthma, only standard first aid will be administered. In an anaphylaxis or asthma emergency authorised medications; salbutamol (for the symptomatic treatment of asthma), and adrenaline (for the treatment of anaphylaxis) will be administered.

Parent/Carer Signature		Date	

The Directorate collects the information contained in this form to provide or arrange first aid and other medical treatments for students. The information collected will be held at the student's school and will be made available to relevant school staff, including first aid officers, and to medical or paramedical staff in the case of an accident or emergency. The information contained in the form is personal information and it will be stored, used and disclosed in accordance with the requirements of the *Information Privacy Act 2014* and the *Health Records (Privacy and Access) Act 1997.*

Office Use Only

Student Central ID		Entered into MAZE	☐	Date	