

Student Medical Form

Student Details

Student Name : _____

Address : _____

Home Phone : _____ DOB : _____

Emergency Contact (Parent/Carer)

Name : _____ Name : _____

Address : _____ Address : _____

Relationship : _____ Relationship : _____

Mobile : _____ Mobile : _____

Email : _____ Email : _____

Medical and Health Fund

Medicare Number : _____ Health Fund : _____

Position On Card : _____ Health Fund Number : _____

Expiry Date : _____

Medical Information

Does the student have any medical conditions or disabilities? If so, please state the condition and treatment :

Medications Authorised to be Administered

Please supply any medication in its original packaging with the child's name and dosage.

Medication : _____ Dosage : _____ Frequency : _____

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Santa Sabina College Staff will give assistance in the administration of prescribed medication when requested in writing by the parents/carers.

Name of the Parent/carers (please print): _____

Signature : _____ Date : _____

Permission to give Medication

Santa Sabina College have the following medications that may be effective to treat some minor conditions. Please tick the medications that are allowed to be administered to your daughter:-

- Paracetamol / Panadol: Used for mild pain relief
- Antihistamine: Used to relieve symptoms after allergic reactions

Name of Parent/Carer (Please print) : _____

Signature : _____ Date : _____

Immunisation

When was your last Tetanus immunisation? _____
(If over 10 years, please arrange a booster)

Glasses/Contacts

Do you wear glasses or contacts : -- Yes -- No

Dietary Requirements

Does the student have any dietary requirements ? _____

Diagnosed Allergies

Name known Allergies? _____

What are the signs and symptoms of the reaction? _____

Please give specific details of the treatment : _____

All medication for allergic reaction management must be brought on the program

PLEASE TICK TO INDICATE YOU HAVE ATTACHED ANY ANAPHYLAXIS ACTION PLAN TO THE FORM

If you have an Action Plan please attached it to this form -- Yes -- No

Asthma Management Plan

Severity :

- Mild Almost no symptoms, well controlled, need reliever less than 3 Times per week for relief of wheeze or cough.
- Moderate Cough or wheeze on walking. Requires reliever more than 3 Times per week.
- Severe Additional doses of reliever required (up to every 3 hours) for Shortness of breath, tightness in chest.

Current Asthma Medication :

Name : _____ Name : _____
Dosage : _____ Dosage : _____
Frequency : _____ Frequency : _____
Other _____

Known trigger factors :

- Exercise -- Pollens -- Food -- Dust
- Weather -- Grass -- Illness -- Other: _____

In an emergency, follow the Plan below that has been ticked :

- Standard Asthma First Aid Plan (see below)
- OR**
- My Child's Asthma First Aid Plan (please attach)

Standard Asthma First Aid Plan

Step 1 – Sit the student upright, remain calm and provide reassurance. Do not leave the student

Step 2 – Give 4 separate puffs ask student to breath in and out normally after each puff.

Step 3 – If there is little or no improvement, repeat the above sequence.

Step 4 – If there is still little or no improvement, call an Ambulance immediately (000)

Treatment Authorisation For Emergency Procedures

If in the event of an emergency, and when effects to make contact with a parent or carer have failed or is not possible/practical in the situation, the school has permission to arrange the necessary medical and/or surgical treatment.

Name of the Parent /Carer (please print): _____

Signature : _____

Date : _____

IMPORTANT NOTICE

I acknowledge that by participating in the program of activities as organised by Santa Sabina College – Tallong Outdoor Education & Retreat Centre, in addition to usual risks inherent, certain additional risk and dangers may be encountered which may include: remoteness to normal medical services; moderate physical exertion and/or emotional stress for which I may not be prepared; weather conditions subject to extreme and sudden change. I agree to observe and comply fully with the safety standards and procedures, as described by the Santa Sabina College – Tallong staff, or agents for each activity in which I will participate in. I agree that if I suffer injury or illness during the course of these activities, Santa Sabina College – Tallong or their agents can at my cost arrange medical treatment and emergency evacuation services as they deem essential for my safety. The information provided is a complete and accurate representation of all known physical and psychological factors that may affect participation in this program. I agree to inform Santa Sabina College – Tallong should there be any change in the status of my health prior to and during the program. I agree that this agreement shall be governed in all respects by and interpreted in accordance with the Laws of Australia

Name Parent/Guardian _____

Signature: _____

Date: / /

Please complete the following where applicable only:

How long is your child staying? (please complete one)

Monday – Friday? _____

or which days/ nights do you require? _____

or if day only, which days do you require? _____

Date/ Time of Arrival

Collection Day/ Time

Do you require transport from Santa Sabina Strathfield? Yes/ No Both Ways/ One Way

Please nominate which way if only one way required _____

I give my child permission to be transported in the SSC minibus if a day excursion is arranged. Yes/ No

I give permission for my child's photo to be taken AS PART OF A GROUP and used on social media Yes/ No

I give my child permission to watch PG rated movies? Yes/ No

If your child is coming with friends and would like to share a cabin with them please list friends' names.
