

## 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)

**Swimming**

Swimmer : -- Yes -- No  
Ability to confidently swim : -- 20 m -- 50 m -- 100 m

**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: / /