# WOODLAND ROAD PUBLIC SCHOOL CONSENT AND MEDICAL FORM

Please complete the following pupil information: PLEASE PRINT ALL INFORMATION

NAME:					
SURNAME GIVEN N	JAME				
Address:	Home Ph:				
Suburb: P/c	ode Mobile Ph:				
Medicare No Card Ref Card Expiry Date:					
Health Insurance Co:	Number				
Family Doctor:					
PARENT/GUARDIAN NAME IN FULL					
Emergency Contact 1	Relationship:				
Contact Numbers Work:	Home Ph :				
	Mobile Ph:				
Emergency Contact 2	Relationship:				
Contact Numbers Work:	Home Ph :				
	Mobile Ph:				

#### **MEDICAL INFORMATION**

- 1. Any child going on a school overnight excursion with a medical problem should bring a letter from his/her doctor regarding detailed treatment of the condition. Information regarding severe asthmatics, diabetics and other urgent conditions should obtain a letter.
- 2. Medication brought on the excursion should have the **child's name**, **dosage and dosage times clearly marked**, with the medication in a plastic zip bag.

Only medication in the child's name will be administered.

3. The NSW Health Department recommends immunisation of children from common childhood diseases such as diphtheria, tetanus, whooping cough, poliomyelitis, measles, and rebella. Although immunisation is not compulsory, in the event of an outbreak of an infectious disease such as measles or whooping cough, it may be necessary to send children home who are not immunised.

## PRIVACY NOTICE:

The information provided by you on this consent and medical information form is being obtained for the purpose of ascertaining relevant medical information requirements and other health care related needs about your child who is currently enrolled at Woodland Road Public School and attending the 5 day excursion to the Wooglemai Fields Studies Centre, Nattai. It will by used by teachers to assist planning, to support students and to minimise risk in conducting this excursion.

Other persons or agencies that may be provided with information include Wooglemai Fields Studies Centre.

Provision of this information is not required by law. However, a failure to provide the information may mean that your child cannot participate in this excursion.

Provision of this information will significantly assist the school in planning a safer educational activity.

#### PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT YOUR CHILD:

1. Is he/she in good health Yes / No				
2. Does your child suffer from any chr	onic illnes	s or disability?		
3. Allergies (eg food, drugs, environm		,	0	
Is your child <b>Anaphylactic:</b> Yes / No.		<b>0</b> 1	•	0
4. Has he/she suffered from any acute	e illness du	uring the past four years? Y	es No Details:	
5. Is he/she taking any mixture, tablet				
6. Please indicate if medication is to b	e kept witl	h them at all times? Yes No		
7. Does he/she suffer from, or are limit	ited in thei If "yes"	r participation in activities, b indicate details eg medic		-
1. Heart Problems	Yes/No			
2. Allergies Food/Drugs/environ	Yes/No			
3. Muscular/ Skeletal Conditions				
* Back Problems	Yes/No			
* Sprains, Dislocations	Yes/No			
* Other	Yes/No			
4. Diabetes	Yes/No			
5. Headaches/Nose Bleeds	Yes/No			
6. Other (incl Fears/ Phobias)	Yes/No			
7. Respiratory Conditions	Yes/No			
* Asthma	Yes/No			
* Other	Yes/No			
If YES complete ASTHMA MANAG	GEMENT P	PLAN BELOW		
Regular Asthma Medications and Ma	inagement	Strategies:		
Name of Medication Quantities	s and Dosa	age		
Additional Medication and Manageme	ent Strateg	gies to be Applied During an	Attack	
Name of Medication Quantities	s and Dosa	age		
Peak Expiratory Readings:				
Expected Reading				
Reading requiring extra medication				
Reading when advisable to seek Medical Assistance				
Known Trigger Factors ( please tick)				
Dust      Contact with Animals	🗆 Gr	ass, weed pollen, mould	Pollution	Exercise

□ Sudden Temperature changes □ othe

□ other .....

SELF ADMINISTRATED ASTHMA MEDICATION is to be kept with your child at all times. Administration of
medication will be under the supervision of a teacher. Any other medication must be brought to the excursion
with the child's name dosage and dosage times and timetable clearly marked, with the medication in a plastic
zip bag.

If your child requires and further assistance please ensure that this is clearly communicated below. Also include any other information that may help in providing medical assistance for your child.

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- 8. Other Illnesses, Operations or Hospitalisation your child has experienced in the last 12 months:
- .....
- 9. Has he/she had the combined Diphtheria Tetanus booster injection? YES / NO
  - If the answer is YES, in what year was the last booster injection given? .....
- 10. Has he/she been immunised against measles? YES / NO
- 11. Does your child wet the bed? YES / NO

12. If required do you give permission for the administering of Panadol or similar pain relief? YES/NO

**SPECIAL DIETARY NEEDS**: Please tick: Vegetarian 
No Pork 
Lactose intolerant 
Other

Give Details .....

.....

## Parents or Guardian Permission (Please print all details)

#### The Principal Woodland Road Public School,

I give permission for my son/ daughter/ ward ...... to attend

a 5 day, 4 night, overnight excursion to Wooglemai Field Studies Centre from 5.3.18 to 9.3.18. I understand that my child will be travelling by private transport and stay 4 nights accommodated in Cabins at Wooglemai Field Studies Centre, supervised by Mr Berger and Miss Gibbs.

In the event of any accident or illness, I authorise the obtaining on my behalf of such medical assistance as my child may require. I also undertake to pay medical fees and/or cost of drugs which may be incurred while my child is on this excursion.

I the undersigned being the parent or legal guardian of the above mentioned participant assume full responsibility for her/his health being such that the activities of the program will in no way aggravate any condition present. If in any doubt, I will seek and follow medical advice and inform Woodland Road Public School of that advice. I will also notify the school of any significant change in my child's health prior to the commencement of the excursion. I declare that all statements on this form are true and accurate and that all relevant information has been provided.

I also agree that should my child be unable to continue with the planned itinerary due to medical/health or behavioural reasons, I will be responsible for the collection of my child.

Signed	Date
Mother/ Father/ Guardian	

# THIS FORM MUST BE RETURNED BY MONDAY <sup>26th</sup> FEBRUARY