



Medical Consent Form



This form is to be completed by a Parent/Guardian of student below attending the off-campus activity, excursion or camp. The information contained herein is required by Medical Practitioners in the event of the student requiring treatment.

Student Name:		Date of Birth:	
Has your child had a tetanus booster in the last 12 months?			Yes / No
Medicare No:		Name of Medical Insurance Fund:	No:

Does your child suffer from any of the following:	<i>Please give full details including severity, medication, date of last attached, operations etc.</i>		
Heart Problems:			
Respiratory Problems – Asthma:			
Respiratory Problems – Other:			
Allergies:	<i>Food -</i>	<i>Drugs -</i>	
	<i>Ointments -</i>	<i>Other -</i>	
Diabetes:			
Epilepsy:			
Blood Pressure:			
Bed Wetting:			
Recent Illness/Operations:			
Phobias:			
Other:			

Medication:	<i>Please give details of any medicines being taken by your child including dosage & frequency</i>

(All medication excluding asthma puffers must be handed to staff member at the commencement of the activity. Regular medication procedures and expectations apply. All medication must be accompanied by a medication form and instructions signed by a medical practitioner).

Parent/Guardian 1 Name:		Mobile Phone:	
Address:			
Work Phone:		Home Phone:	

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Address:			
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I hereby authorize the Executive Principal of FSAC Ltd or her duly appointed representatives to obtain such medical attention as may be deemed necessary and I understand that I am responsible for the costs. I further authorise qualified medical practitioners to administer anaesthetic and blood transfusion if the necessity arises.

Parent / Guardian

Date