



## Health Profile and Medical Consent Form

This EOTC Health form is to cover events/trips which take place while your child is a student at Ruawai College. Details on this form will remain confidential to school staff, contractors and volunteers associated with supervising activities on EOTC events. It is crucial that you provide us with up to date information, that is accurate and complete, to allow us to plan appropriately for our EOTC events.

### General Details:

<b>Full Name of Student:</b>	
<b>Date of Birth:</b>	
<b>Address:</b>	
<b>Medical Centre:</b>	
<b>Doctor Name &amp; Contact Number:</b>	
<b>Medic Alert Number: (if applicable)</b>	

### Emergency Contact Details:

Please give details of **two** people who can be contacted in the event of an emergency.

<b>Person 1 Full Name:</b>	
<b>Relationship to Student:</b>	
<b>Contact Phone Number(s):</b>	
<b>Address:</b>	

<b>Person 2 Full Name:</b>	
<b>Relationship to Student:</b>	
<b>Contact Phone Number(s):</b>	
<b>Address:</b>	

Please tick if your child has any of the following:

<input type="checkbox"/>	Migraine	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Asthma
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Travel sickness	<input type="checkbox"/>	Fits of any type
<input type="checkbox"/>	Chronic nose bleeds	<input type="checkbox"/>	Heart condition of any type	<input type="checkbox"/>	Dizzy spells
<input type="checkbox"/>	Colour blindness	<input type="checkbox"/>	ADHD	<input type="checkbox"/>	Other

If Other, please specify:

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For overnight events/trips:

Sleepwalking	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Bedwetting	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Can your child swim 50 metres unassisted?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is your child confident in open water (ocean / lake)?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is your child able to tread water and survival float?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Is your child currently taking any medication?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If Yes, please complete the following section:				

Health condition(s):	
Name(s) of medication(s):	
Dosage and times to be taken:	
Other treatment:	

Is a health plan required?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Have you / your child had any major injuries (breaks or strains) or illness (e.g. glandular fever) in the last six months that may limit full participation in any activities?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

If Yes, please state the injury / illness:


Please tick if your child is allergic to any of the following:

<input type="checkbox"/>	Prescription medicine	Please specify:
<input type="checkbox"/>	Food	Please specify:
<input type="checkbox"/>	Insect bites / stings	Please specify:
<input type="checkbox"/>	Other allergies	Please specify:

What treatment is required?


When was your child's last tetanus injection?

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Outline any special dietary requirements:

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What pain / flu medication may your child be given if necessary?


To the best of your knowledge, has you / your child been in contact with any contagious or infectious diseases in the last year?

Yes

No

If Yes, please give details:


Is there any information the staff should be aware of to ensure the physical and emotional safety of your / your child?  
E.g. cultural practices; disability; anxiety regarding heights, darkness or small spaces; pregnancy; behavioural or emotional problems.

Yes

If Yes, please give details or attach information:

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Please tick:	
<input type="checkbox"/>	I agree that if prescribed medication needs to be administered, a designated adult will be assigned to do this. I will ensure that prescribed medication is clearly labelled, securely fastened and handed to a designated adult with instructions on its administration.
<input type="checkbox"/>	I will inform the school as soon as possible of any changes in the medical information or other circumstances.
<input type="checkbox"/>	I agree to my child receiving any emergency medical, dental or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.
<input type="checkbox"/>	In an emergency, event/trip staff may act on my behalf
<input type="checkbox"/>	Event/trip staff may administer pain relief
<input type="checkbox"/>	Any medical costs not covered by ACC or a Community Services Card will be paid by me.
<input type="checkbox"/>	If my child is involved in a serious disciplinary problem, including the use of illegal substances and / or alcohol, or actions that threaten the safety of others, s/he will be sent home at my expense.
<input type="checkbox"/>	I understand that if my child needs to come home for personal reasons or illness, it is my responsibility to make arrangements and / or cover any cost incurred.
<input type="checkbox"/>	I will inform Ruawai College of any changes to this form before the commencement of any event / trip that my child attends.

**To be read and signed by an adult participant or parent / caregiver of a child participant.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_