MEDICAL CONSENT FORM

In an emergency school may act on behalf:	☐ Yes ☐ No	
School may administer the following pain relief:	PANADOL	☐ Yes ☐ No
	ANTIHISTAMINE	☐ Yes ☐ No
	STREPSILS	☐ Yes ☐ No

MEDICAL CONDITIONS AND ALLERGIES

Does your child have any medical issues/treatments we need to know about? ☐ Yes ☐ No

Medical Condition #1:					
Severity: (please tick)	☐ Hospitalisation	☐ Emergency Care required	☐ Contact Caregivers	☐ Moderate Risk	☐ Low Risk
Is medication held at school?	☐ Yes ☐ No	**Name of medication:**			
Have you submitted an action plan?	☐ Yes ☐ No				
Medical Condition #2:					
Severity: (please tick)	☐ Hospitalisation	☐ Emergency Care required	☐ Contact Caregivers	☐ Moderate Risk	☐ Low Risk
Is medication held at school?	☐ Yes ☐ No	**Name of medication:**			
Have you submitted an action plan?	☐ Yes ☐ No				

EMERGENCY CONTACTS

Please provide TWO emergency contacts other than parents/caregivers, which we already have on your enrolment form.

Emergency contact #1
Gender:
Full name:
Relationship to the child:
Phone number:

Emergency contact #2
Gender:
Full name:
Relationship to the child:
Phone number:

OTHER INFORMATION

Please advise if there are any particular needs your child may have, e.g. health and wellbeing (*Note: Academic information and needs will be collected at the one-on-one interview with a member of the Senior Leadership Team*)